

OVERTIME AUTHORIZATION FORM

Employee Name: _____ Date: _____

Title: _____ Department: _____

Overtime Needed From: _____ To _____ Total Overtime not to exceed _____ hours

DETAILED EXPLANATION WHY OVERTIME IS REQUIRED:

CUSTOMER(S)/CLIENT(S) OVERTIME IS NEEDED FOR:

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

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