**OVERTIME SHEET**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | |
| **EMPLOYEE NAME** | | | **JOB TITLE** | | | | | **EMPLOYEE ID** | | | | **DATE FORM COMPLETED** | |
|  | | |  | | | | |  | | | |  | |
| **IMMEDIATE SUPERVISOR** | | | **DEPARTMENT** | | | | | | | | **HOURLY RATE OF PAY** | | |
|  | | |  | | | | | | | | | $0.00 | |
|  |  | | | | | |  | | | | |  | |
| **DATE OF OVERTIME WORK** |  | | | | | **TIME OF OVERTIME WORK** | | | | | |  | |
| **START DATE** | | **END DATE** | | | | **START TIME** | | | | **END TIME** | | | |
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| **ANTICIPATED NUMBER  OF OVERTIME HOURS** | | **0.00** | | | |  | | | | | |  | |
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| Please provide an explanation of the work that requires more than 40 hours/week to complete. | | | | | | | | | | | | | |
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| APPROVAL | | | | |  | | | |  | | |  | |
| **SUPERVISOR SIGNATURE** | | | | **DATE OF APPROVAL** | | **HR REP SIGNATURE** | | | | | | | **DATE OF APPROVAL** |
|  | | | |  | |  | | | | | | |  |
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| INSTRUCTIONS | | | | |  | | | |  | | |  | |
| No overtime will be paid unless this form has been completed prior to overtime. In the event of an emergency, the form must be completed within the week of the overtime worked. | | | | | | | | | | | | | |
| It is the responsibility of the employee to submit a signed timesheet for specific overtime work. The employee must do this before payroll is completed. | | | | | | | | | | | | | |
| The form must be returned to the immediate supervisor. | | | | | | | | | | | | | |
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