|  |  |
| --- | --- |
| **YOUR LOGO** | OVERTIME AUTHORIZATION FORM |
|  **EMPLOYEE NAME** | **EMPLOYEE ID** | **DATE FORM COMPLETED** |
|   |   |   |
|  **IMMEDIATE SUPERVISOR** |  **DEPARTMENT** |
|   |   |
|  |  |  |
|  **DATE(S) OF OVERTIME WORK** |  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  |  |  |
| **ANTICIPATED NUMBER OF OVERTIME HOURS** |   |  |
|  |  |  |
|  Please provide an explanation of the overtime work to be completed: |  |
|   |
|  |  |  |
|  Please provide a justification as to why the work cannot be completed within normal working hours (40 hr/wk): |
|   |
|  |  |  |
|  **APPROVAL** |  |  |
|  **SUPERVISOR NAME** | **SUPERVISOR SIGNATURE** | **DATE OF APPROVAL** |
|   |   |   |