|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |