

OVERTIME REQUEST FORM



No one may be paid for overtime unless this form has been completed in advance of the overtime work. Overtime is paid only when forty hours have been worked within one normal work week.

EMPLOYEE NAME	JOB TITLE	EMPLOYEE ID	DATE FORM COMPLETED

IMMEDIATE SUPERVISOR	DEPARTMENT

DATE OF OVERTIME WORK		TIME OF OVERTIME WORK	
START DATE	END DATE	START TIME	END TIME

ANTICIPATED NUMBER OF OVERTIME HOURS

Please provide an explanation of the work that requires more than 40 hours/week to complete.

APPROVAL

SUPERVISOR SIGNATURE	DATE OF APPROVAL

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 before payroll will be completed.

The form will be returned to immediate supervisor.