



Overtime Authorization Form

Employee Name: _____

Employee Title: _____

Department: _____

Today's Date (yy/mm/dd) _____

Overtime Required From: _____ **to** _____

Total Overtime Not to Exceed: _____ **hours**

Detailed Explanation Why Overtime is Required:

Customers(s) / Client(s) Overtime is Required for:

Employee Signature

Supervisor Signature

Date (yy/mm/dd)

Date (yy/mm/dd)