



## **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:**

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

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\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date** (yy/mm/dd)

\_\_\_\_\_  
**Date** (yy/mm/dd)