Overtime Authorization Form

Instructions: This form is to be completed prior to permitting an employee to work overtime.

Employee Name: _____ Manager Name: _____

Department: _____ Week ending (date): _____

Date(s) overtime is to be taken: _____

Reason for the overtime:

_____
_____
_____
_____
_____
_____
_____
_____

Management Approval: (to be completed by the employee's manager)

Is the overtime request approved?

- □ Yes
- □ No

Reason for approval/denial:

_____
_____
_____

Manager's signature: _____ Date: _____

Employee's Signature: _____ Date: _____