

# OVERTIME REQUEST FORM

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Overtime needed from: \_\_\_\_\_ to: \_\_\_\_\_ on: \_\_\_\_\_.

Total overtime not to exceed \_\_\_\_\_ hours.

DETAILED EXPLANATION WHY OVERTIME IS REQUIRED:

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CUSTOMER(S)/CLIENT(S) OVERTIME IS NEEDED FOR:

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EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## MANAGER'S RESPONSE TO OVERTIME REQUEST

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Overtime approved from: \_\_\_\_\_ to: \_\_\_\_\_ on: \_\_\_\_\_.

Total approved overtime not to exceed \_\_\_\_\_ hours.

Overtime not approved.

EXPLANATION OF WHY OVERTIME IS APPROVED/NOT APPROVED:

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Charge to a specific  
job/project/client:

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SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_