

# Overtime Request Form

## Employee Information

Employee Name:

Employee ID:

Department:

## Overtime Details

Date of Overtime:

Start Time:

End Time:

Reason for Overtime:

## Approval Section

Supervisor Name	Signature	Date	Approval Status	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="button" value="▼"/>	<input type="text"/>