

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"/>	<div>Select ▾</div>	<input type="text"/>

Submit Request