

REQUEST FOR OVERTIME

This form must be completed prior to any work being initiated that would require overtime. The form has several critical elements that need thorough examination before advanced and written approval by the direct supervisor is provided. The original form must be maintained by the Supervisor.

Employee Name:

Date:

Nature of Work/Final Product:

Rationale – why this work cannot be completed during normal work hours:

Completion Deadline:

Estimated Time to Complete the Work/Actual Time to Complete the Work:

Signature of Supervisor

Date