



REQUEST TO WORK OVERTIME
n n e e q ed

Employee Name: _____ Date: _____

I respectfully request that I be allowed to work _____ hours of overtime.

From: _____ am pm To: _____ am pm
Date Time Date Time

Reason: _____

Employee Signature _____ Date _____

Request sent to supervisor via: [] E-mail [] Hand Delivered

Authorization for Overtime:
[] has been granted as requested above.
[] has not been granted as requested above.

Comments: _____

Supervisor / Designee Signature _____ Date _____

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