

OVERTIME WORK REQUEST FORM

Employee Name: _____ Employee ID: _____

Department: _____ Job Title: _____

Supervisor Name: _____

Overtime Details:

Date(s) of Overtime Work: _____

Start Time: _____ End Time: _____

Total Overtime Hours: _____

Reason for Overtime Work:

Approvals:

Employee Signature: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Department Head Name: _____

Department Head Signature: _____ Date: _____

Legal and Compliance Statement:

By signing this form, the employee certifies that the overtime work was necessary and approved in accordance with company policy and applicable U.S. labor laws. The employer agrees to compensate for authorized overtime in compliance with the Fair Labor Standards Act and any other relevant regulations. Unauthorized overtime may result in disciplinary action. This form shall be retained as part of the official personnel records.

Employee Signature

Supervisor Signature

Department Head Signature

Signature: _____ Signature: _____ Signature: _____

Date: _____ Date: _____ Date: _____

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