



*Bringing the Best Together...Providing the Perfect Fit*

**Phone: 919-481-4114 Fax: 919-230-9620**

[www.quality-staffing.com](http://www.quality-staffing.com)

## Overtime Approval Request Form

This form must be completed *in advance* of the overtime work

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_  
Last First M.I.

Client Name: \_\_\_\_\_

Number of Overtime Hours expected: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

### SIGNATURES

\_\_\_\_\_  
QSS Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
On Site Supervisor Signature

\_\_\_\_\_  
Date

Return completed form to your Quality Staffing Specialists supervisor