

# Overtime Authorization Form PDF

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## Employee Information

- Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Position: \_\_\_\_\_
- Department: \_\_\_\_\_

## Overtime Work Details

- Date of Overtime: \_\_\_\_\_
- Start Time: \_\_\_\_\_
- End Time: \_\_\_\_\_
- Total Hours Worked: \_\_\_\_\_

## Justification for Overtime

- Reason for Overtime: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Approval

- Manager Name: \_\_\_\_\_
- Manager Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## Employee Consent

- Employee Signature: \_\_\_\_\_
- Date: \_\_\_\_\_