
Overtime Authorization Form Template

Employee Information

- Full Name: _____
- Employee Number: _____
- Job Title: _____
- Department: _____

Overtime Details

- Overtime Date: _____
- Start Time: _____
- End Time: _____
- Total Overtime Hours: _____

Reason for Overtime

- Description of Work: _____
- _____
- Justification: _____
- _____

Approval Section

- Authorized By (Supervisor): _____
- Supervisor Signature: _____
- Date: _____

Employee Agreement

- **Employee Signature:** _____
- **Date:** _____