

Printable Overtime Authorization Form

Employee Information

- Employee Name: _____
- ID Number: _____
- Department: _____

Overtime Information

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

Reason for Overtime

- Task/Project: _____
- _____
- Reason for Overtime: _____
- _____

Approval and Signatures

- Supervisor Name: _____
- Supervisor Signature: _____
- Date: _____

Employee Confirmation

- Employee Signature: _____

- **Date:** _____