

# Overtime Approval Request Form

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date(s) and Hour(s) Overtime Occurred: \_\_\_\_\_

Reason for Overtime:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_

Approval Status:  Approved  Denied

Once approved, please submit to Tara.