

Departmental Overtime Justification Form

Employee Name

Employee ID

Department

Position/Title

Date(s) of Overtime

e.g. 2024-07-15 to 2024-07-16

Number of Overtime Hours

Reason for Overtime

Impact if Overtime is Not Approved

Justification

Employee Signature

Date:

Supervisor Name

Supervisor Signature

Date:

Department Head Name

Department Head Signature

Date:
