Overtime Confirmation & Authorization

Employee Name

Department

Job Title

Date of Overtime

Scheduled Working Hours

e.g. 9:00 AM â€" 5:00 PM

Overtime Start Time

Overtime End Time

Total Overtime Hours

Reason for Overtime

Summary of Work Performed During Overtime

Employee Confirmation

I hereby confirm that the above information regarding my overtime is correct.

Employee Signature

Date

Supervisor/Manager Authorization

Date