

# Overtime Duty Assignment Approval Sheet

Department / Section

Date

Assignment No.

Prepared By

Designation

Overtime Details

No.	Employee Name	Employee ID	Designation	Date of Overtime	Time (From - To)	Total Hours	Assigned Tasks

Purpose / Reason for Overtime

Prepared By:

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Name & Designation

Date:

Verified By (Section Head):

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Name & Designation

Date:

Approved By (Department Head):

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Name & Designation

Date:

