

# Overtime Request Form for Additional Work Hours

**Employee Name**

**Employee ID**

**Department**

**Supervisor Name**

**Date of Overtime**

**Start Time**

**End Time**

**Total Hours Requested**

**Reason for Overtime**

**Employee Signature**

**Date Requested**

**Supervisor Approval**

Select

**Supervisor Signature**

**Date Approved/Denied**