

Overtime Work Authorization Memorandum

Sample Company Name

Date: _____

Memo No.: _____

To: _____

Department: _____

From: _____

Subject

Request for Authorization to Render Overtime Work

Details of Overtime Work

Date(s) of Overtime: _____

Time (From/To): _____

No. of Hours: _____

Reason/Justification: _____

Employee(s) Assigned to Overtime

Remarks

Requested by
Supervisor/Manager

Approved by
Authorized Official