



OVERTIME REQUEST FORM

No one may be paid for overtime unless this form has been completed in advance of the overtime work.

EMPLOYEE NAME	JOB TITLE	EMPLOYEE ID	COMPANY

DATE OF OVERTIME WORK		TIME OF OVERTIME WORK	
START DATE	END DATE	START TIME	END TIME

ANTICIPATED NUMBER OF OVERTIME HOURS

Please provide an explanation of the work that requires Overtime to complete.

APPROVAL EMPLOYEE SIGNATURE	DATE OF REQUEST	SUPERVISOR SIGNATURE	DATE OF APPROVAL

INSTRUCTIONS

No overtime will be paid unless this form has been completed prior to overtime. In the event of an emergency the form must be completed and submitted within 2 days of the overtime worked.

It is the responsibility of the supervisor to submit a signed timesheet or update the BioPlus for specific overtime before payroll will process Overtime.

The form will be returned to immediate supervisor.