Employee Name: Date of Overtime:

Type of overtime work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for overtime needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overtime Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overtime Authorised by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Line Manager/CEO)

Overtime start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overtime end time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overtime was on a weekend: Yes No

Total time worked (in 15 min timeslots): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Employee Signature: | Date: |
| Line Manager Signature: | Date: |
| Manager Title: |