**Overtime Authorization Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Department:** |  | **Date:** |  |

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Employee ID:** |  | **Job Title:** |  |

**Overtime Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) of Overtime Work:** |  | | |
| **Scheduled Work Hours:** | | **From:** | **To:** |
| **Authorized Overtime Hours:** | |  | |
| **Reason for Overtime:** | ☐ Workload demand | ☐ Project deadline | ☐ Emergency/Unexpected task |
| ☐ Other: |  |  |

**Authorization**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor’s Name:** |  | | |
| **Supervisor’s Signature:** |  | **Date:** |  |

**Employee Acknowledgment**

I understand that overtime hours listed above have been authorized and will be compensated according to company policy and applicable labor laws.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**For HR/Payroll Use Only**

* **Overtime Rate Applied:** $\_\_\_\_\_\_\_\_ per hour
* **Total Overtime Pay:** $\_\_\_\_\_\_\_\_ (Formula: *Overtime Hours × Overtime Rate*)
* **Processed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date Processed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_