**Overtime Authorization Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | | |
| **Department:** |  | **Date:** |  |

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Employee ID:** |  | **Job Title:** |  |
| **Department:** |  | **Supervisor Name:** |  |
| **Regular Work Hours:** |  |  |  |

**Overtime Details**

| **Date** | **Day** | **Overtime Start** | **Overtime End** | **Total OT Hours** | **Reason for Overtime** |
| --- | --- | --- | --- | --- | --- |
| 03/10/2025 | Friday | 5:00 PM | 8:00 PM | 3 | Equipment maintenance |
| 04/10/2025 | Saturday | 9:00 AM | 1:00 PM | 4 | Urgent client order |

**Authorization Section**

| **Information** | **Details** |
| --- | --- |
| Supervisor’s Remarks | Approved due to urgent workload |
| Supervisor’s Signature |  |
| Date |  |
| Department Head Approval |  |
| Date |  |
|  |  |

**Payroll Use Only**

| **Field** | **Details** |
| --- | --- |
| Hourly Rate | $25.00 |
| Overtime Rate (1.5x) | $37.50 |
| Total Overtime Pay | =Total\_OT\_Hours \* Overtime\_Rate |
| Payroll Processed By | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Processed | \_\_\_ / \_\_\_ / \_\_\_\_\_\_ |

**Notes:**

* Overtime must be pre-approved by the immediate supervisor.
* Unapproved overtime will not be compensated.
* All approved forms must be submitted to Payroll before the end of the pay period.