EDITABLE REQUEST FORM

Overtime Request Form

Document the reason, timing, estimated hours, project impact, decision, and actual hours in one clear record

Request ID	[OT-0001]
Employee / contractor	[Name]
Team / department	[Team]
Manager	[Name]
Request date	[YYYY-MM-DD]

Before work begins

Complete the request before overtime begins whenever possible. Describe the operational need, expected hours, project or client, and alternatives considered. The approver records a decision and any conditions.

Requested date(s)	
Expected start and end time	
Estimated overtime hours	
Project / client / cost center	
Reason and work to be completed	
Deadline or operational impact	
Alternatives considered	
Health, safety, or scheduling notes	

Manager decision

Decision	☐ Approved ☐ Declined ☐ More information needed
Maximum approved hours	
Conditions or changes	
Pay / time-off treatment to verify	
Approver and date	

Completion record

Actual overtime date(s)	
Actual overtime hours	
Outcome / work completed	
Related timesheet or record reference	
Employee and manager confirmation	

Important

This form is a general operational record, not legal, payroll, tax, employment, or labor-law advice. Overtime eligibility, authorization, pay, time off in lieu, and record requirements vary by jurisdiction and contract.