

Overtime Authorization Form for Maintenance Crew

Date:

Crew Member Name:

Department:

Employee ID:

Supervisor:

Overtime Details

Date of Overtime:

Time Start:

Time End:

Total Hours:

Reason for Overtime:

Description of Task(s):

Approvals

Employee Signature:

Date: _____

Supervisor Signature:

Date: _____

Manager Approval:

Date: _____