

Overtime Authorization Form

Captures approvals for overtime work and payments.

01 Employee Information

Employee Name

Employee ID

Department

Position

Reporting Manager

02 Overtime Details

Overtime Date

Start Time

End Time

Total Hours

Overtime Rate (Multiplier)

Estimated Cost

Reason for Overtime

03 Project Details

Project Name

Client Name

Task Description

04 Authorization

Authorized By

Authorization Date

Additional Notes

Declaration & Consent

I confirm that the overtime work described above is necessary and has been pre-authorized by the appropriate manager. Overtime compensation will be processed in accordance with local labor laws and company policy. All data will be handled in accordance with Humii's Privacy Policy.

Authorized Signature

Date (DD/MM/YYYY)

Full Name (Print)

Designation