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| **Name of Employee:** |  | **Date:** |  |
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| **Position:** |  | **Dept:** |  |
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| **Overtime Required From: To** | **Total Overtime must not exceed hours** |
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| **FULL REASON WHY OVERTIME IS REQUIRED:** |
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| **CUSTOMER(S)/CLIENT(S) OVERTIME IS REQUIRED FOR:** |
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| **EMPLOYEE SIGNATURE:** |  | **DATE:** |  |
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| **MANAGER SIGNATURE:** |  | **DATE:** |  |

**OVERTIME AUTHORISATION FORM**

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| **Name of Employee:** |  | **Date:** |  |
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| **Position:** |  | **Dept:** |  |
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| **Overtime Required From: To**  | **Total Overtime must not exceed hours** |
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| **FULL REASION WHY OVERTIME IS REQUIRED:** |
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| **CUSTOMER(S)/CLIENT(S) OVERTIME IS REQUIRED FOR:** |
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| **EMPLOYEE SIGNATURE:** |  | **DATE:** |  |
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| **MANAGER SIGNATURE:** |  | **DATE:** |  |