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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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| **Overtime Required From: To** | | | | **Total Overtime must not exceed hours** | | | | | |
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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:** | |  |