



## Application Form for Overtime Work

Date to Apply:

Day:

Applicant Information					
<b>Name</b>		<b>Hillcrest ID</b>		<b>Dept/Project</b>	
Work Information & Approval					
<b>Reason for Overtime</b>	1. _____ 2. _____ 3. _____				
<b>Overtime Plan</b>	Start time: _____ End time: _____ Work Place: _____				
<b>Supervisor's Opinion</b>					Signature: _____
Actual Overtime Record & Witness & Approval					
<b>Actual Overtime</b>	Work Time amount to: _____ (Hours), From _____ To _____ Rest Time amount to: _____ (Hours), From _____ To _____ <div style="text-align: right;">Effective Overtime: _____ (Hours)</div>				
<b>Confirmed by</b>	(Immediate Supervisor) Staff ID: _____				

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<b>Reason for Overtime</b>	1. _____ 2. _____ 3. _____				
<b>Overtime Plan</b>	Start time: _____ End time: _____ Work Place: _____				
<b>Supervisor's Opinion</b>	<input type="checkbox"/> Rejected <input type="checkbox"/> Agreed				Signature: _____
Actual Overtime Record & Witness & Approval					
<b>Actual Overtime</b>	Work Time amount to: _____ (Hours), From _____ To _____ Rest Time amount to: _____ (Hours), From _____ To _____ <div style="text-align: right;">Effective Overtime: _____ (Hours)</div>				
<b>Confirmed by</b>	(Immediate Supervisor) Staff ID _____				