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| **Overtime Cancellation Form** | | | |
| **Date**\***：** | | | |
| **Requester**\* |  | **Department** \* |  |
| **Original Overtime Reason \*** |  | | |
| **Original Overtime Type \*** |  | | |
| **Original Overtime Start Date \*** |  | **Original Overtime End Date** \* |  |
| **Original Overtime Hours \*** | Hours | | |
| **Overtime Cancellation Reason \*** |  | | |
| **Remarks** |  | | |