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| **Overtime Request Form** | | | |
| **Date\*：** | | | |
| **Requester\*** |  | **Department\*** |  |
| **Overtime Reason\*** |  | | |
| **Overtime Type \*** |  | | |
| **Overtime Start Date \*** |  | **Overtime End Date \*** |  |
| **Overtime Duration \*** | **Hours** | | |
| **Remarks** |  | | |