



Aurora
Technical
Services, LLC
engineering + construction management

OVERTIME REQUEST FORM

Employee Name: _____ Department: _____

Date of Overtime

_____ | _____
mm/dd/yyyy Total Hours

Reason(s) for Overtime Requested

Employee Signature

Date

Supervisor Approval: YES NO

Total Overtime not to Exceed: _____ hour(s) for the day of _____

Supervisor Signature

Date