VUL-FRM-08-21-Overtime Approval Form

SECTION 1: EMPLOYEE DETAILS									
Full Name					Phone				
Department					Crew	A Crew ☐	B Crew ☐	C Crew ☐	D Crew ☐
Supervisor					Site				
Crew (overtime is being completed on)	A Crew ☐	B Crew ☐	C Crew ☐	D Crew ☐	Pay Level	Level 1 ☐	Level 2 ☐	Level 3 ☐	Other ☐ Please specify _____

SECTION 2: OVERTIME REQUEST			
Start Date		Shift Start Time	
End Date		Shift End time	
Total Estimated Hours			

Bus Overtime ☐	Operations/Production Overtime ☐	Maintenance Overtime ☐	Step Up Allowance ☐	Leading Hand Allowance ☐

Reason for Overtime Hours: -

SECTION 3: EMPLOYEE COMPLETION			
Signature		Date	_____ /_____ / _____

SECTION 4: SUPERINTENDENT/MANAGER APPROVAL					
To document must be approved by Manager/Superintendent. Do not approve unless all sections above are completed. It is the responsibility of the approver to ensure that overtime is covered by accrued entitlement.					
Approver's name					
Signature			Date Approved	_____ /_____ / _____	
Overtime Request Approved	Yes ☐	No ☐	JHA Required	Yes ☐	No☐
Comments					
Payroll Notation	☐ Paid overtime				

SECTION 5: PAYROLL PROCESSING (COMPLETED BY OFFICE MANAGER)				
Form emailed to Payroll	Yes ☐	No ☐	*Date Emailed*	_____ /_____ / _____