Detail service inc Agency

PRECISION. RELIABILITY. EXCELLENCE.

Detail Service Inc. Overtime Authorization Form

Department/Division: □ Healthcare □ Energy □ Construction

Employee Name: _____ Date: _____

Employee ID: _____

Job Site/Client: _____ Supervisor: _____

Scheduled Shift
Start: _____ End: _____ Total Hours: _____

Overtime Worked
Start: _____ End: _____ Total OT Hours: _____

Reason for Overtime (check all that apply):

- □ Emergency work
- □ Client request
- □ Project deadline
- □ Staff shortage
- □ Equipment failure
- □ Site cleanup
- □ Extended service requirements
- □ Travel between job sites

Manager request
Other: _____

WorkPerformed:_____

_____

_____

Employee Certification:

I certify the hours above are accurate.

Employee Signature: _____ Date: _____ Supervisor/Manager Approval

Name: _____Title: _____

Signature: _____ Date: _____