

## OVERTIME REQUEST FORM

### CONTRACTOR INFORMATION

CONTRACTOR: \_\_\_\_\_ Contractor # \_\_\_\_\_

CONTACT INFO: \_\_\_\_\_  
Last Name First Name

ADDRESS: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City Province Zip Code

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### JOB INFORMATION

JOB NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

### OVERTIME SHIFT(S) REQUESTED

#### TIME & HALF SHIFT(S)

DAY	(MM/DD/YYYY)	OT START TIME	OT END TIME	TOTAL OT HOURS	MEMBER NAME	UA CARD #
DAY	(MM/DD/YYYY)	OT START TIME	OT END TIME	TOTAL OT HOURS	MEMBER NAME	UA CARD #
DAY	(MM/DD/YYYY)	OT START TIME	OT END TIME	TOTAL OT HOURS	MEMBER NAME	UA CARD #
DAY	(MM/DD/YYYY)	OT START TIME	OT END TIME	TOTAL OT HOURS	MEMBER NAME	UA CARD #

#### DOUBLE TIME SHIFT(S)

DAY	(MM/DD/YYYY)	OT START TIME	OT END TIME	TOTAL OT HOURS	MEMBER NAME	UA CARD #
DAY	(MM/DD/YYYY)	OT START TIME	OT END TIME	TOTAL OT HOURS	MEMBER NAME	UA CARD #
DAY	(MM/DD/YYYY)	OT START TIME	OT END TIME	TOTAL OT HOURS	MEMBER NAME	UA CARD #
DAY	(MM/DD/YYYY)	OT START TIME	OT END TIME	TOTAL OT HOURS	MEMBER NAME	UA CARD #

*For Office Use Only*

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_