ROSTERELF

Overtime Request Form

Pre-Approval for Additional Hours

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Pre-Approval Required

Overtime must be pre-approved before being worked. Unauthorised overtime may not be paid. In emergencies, notify your manager as soon as possible and complete this form retrospectively.

Section 1: Employee Details

Full Name *

Employee ID

Position / Job Title *

Department / Team *

Manager / Supervisor Name *

Ordinary Hourly Rate

Award / Agreement (if applicable)

Date of Request *

Section 2: Overtime Details

Date(s) Overtime Required *

Overtime Start Time *

Overtime End Time *

Total Overtime Hours Requested *

Work Location *

Is this a one-off or recurring request?

- [ ] One-off overtime
- [ ] Recurring overtime (specify frequency below)

If recurring, frequency and duration:

Section 3: Type of Overtime

Please indicate the type of overtime:

- [ ] Extension of regular shift (before or after)
- [ ] Additional shift on a rostered day off
- [ ] Weekend work
- [ ] Public holiday work
- [ ] Call-back / call-out
- [ ] On-call conversion to active work

Section 4: Reason for Overtime

Please indicate why overtime is required:

- [ ] Increased workload / high demand period
- [ ] Staff shortage (leave, illness, vacancy)
- [ ] Project deadline
- [ ] Customer / client requirement
- [ ] Emergency or urgent situation
- [ ] Scheduled maintenance or upgrade
- [ ] Stocktake or audit
- [ ] Event or function
- [ ] Other (please specify below)

Detailed explanation of why overtime is necessary: *

Section 5: Alternatives Considered

Have you considered alternatives to overtime? (Select all that apply)

- [ ] Redistributing work to other team members
- [ ] Bringing in casual / temporary staff
- [ ] Extending the deadline

- [ ] Reducing scope of work
- [ ] No viable alternatives available

Why alternatives are not feasible:

Section 6: Cost Estimate

Overtime Hours

Overtime Rate

Estimated Total Cost *

Cost Centre / Budget Code *

Is this overtime within budget?

- [ ] Yes - within approved budget
- [ ] No - budget approval required
- [ ] Unknown - please advise

Section 7: Employee Declaration

- I confirm that the overtime requested is necessary and cannot reasonably be completed during ordinary hours.
- I understand that overtime must be pre-approved to be payable.
- I agree to record my overtime hours accurately.
- I understand that I may refuse overtime if I have reasonable grounds under Fair Work Act provisions.

Employee Signature

Signature: _____ Date: _____

Section 8: Manager Approval

Decision:

- [ ] Approved
- [ ] Approved with modifications (see notes)
- [ ] Declined

- [ ] Pending higher authority approval

Manager notes:

Manager Verification

- [ ] Overtime is operationally necessary
- [ ] Budget availability confirmed
- [ ] Award / agreement provisions checked
- [ ] Employee fatigue / safety considerations assessed

Manager Signature

Manager Name: _____

Signature: _____ Date: _____

Section 9: Post-Completion Verification

Actual Overtime Hours Worked

Variance from Approved Hours

- [ ] Work completed as planned
- [ ] Additional overtime required (new request submitted)

Notes on completion:

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