

# Mercer Bucks Orthopaedics

## Overtime Approval

Date \_\_\_\_\_

Employee's Name \_\_\_\_\_

Manager Approval \_\_\_\_\_

Employee Signature \_\_\_\_\_

Reason for Request, Check box below:

- No Lunch
- Balancing daily receipts
- Patients still being seen in office
- Other – Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Date of Overtime					
Hours Worked					

- Overtime will not be processed or paid without Manager's approval.
- After approval, please keep a copy for yourself and give a copy to Payroll department for processing.