

Overtime Request Form

Site Name _____

Today's Date _____

Requesting BSM _____

Date(s) of Overtime _____

Fill in the appropriate section below per your overtime request

Extra Cleaning

- What is the desired extra task(s) to be accomplished?

- How many workers will be needed to complete the task?

- Approximately how many total man-hours will be needed to complete the task?

Event Coverage

- What is the scheduled event?

- Where on the property will the event be held?

- How many people will be attending the event?

- What is the time frame of the event?

- What will the staff be doing during the event?

- How many staff members will be needed? _____

- How many total hours of OT will be needed? _____

Logistics Manager

Request Reviewed by:

Date: _____

Agreed? Yes No

Operations Director

Approval: Yes No

Date _____

Signature: _____