



Bringing the Best Together...Providing the Perfect Fit

Phone: 919-481-4114 Fax: 919-230-9620

www.quality-staffing.com

Overtime Approval Request Form

This form must be completed *in advance* of the overtime work

EMPLOYEE INFORMATION

Employee Name: _____
Last First M.I.

Client Name: _____

Number of Overtime Hours expected: _____

Week Ending Date: _____

SIGNATURES

QSS Employee Signature

Date

On Site Supervisor Signature

Date

Return completed form to your Quality Staffing Specialists supervisor