



**Westmead International School  
Batangas City**

**OVERTIME REQUEST FORM**

Overtime requested by: \_\_\_\_\_

Work to be performed (provide short description):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated number of employees to perform overtime: \_\_\_\_\_

Name of Employee/s:

\_\_\_\_\_  
\_\_\_\_\_

Estimated number of hours: \_\_\_\_\_

Approval of Overtime Request

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_