

**SHIFA TAMEER-E-MILLAT UNIVERSITY**

**Overtime Authorization Form**

Employee's ID: \_\_\_\_\_ Employee's Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Division/Section/Dept.: \_\_\_\_\_

Day/Date: \_\_\_\_\_ Overtime Needed: From \_\_\_\_\_ to \_\_\_\_\_ Total Hrs: \_\_\_\_\_

Reason for Overtime: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature and Date:

\_\_\_\_\_

Applicant/Employee

\_\_\_\_\_

In-Charge/Supervisor

\_\_\_\_\_

Head of Dept./Section

\_\_\_\_\_

Concerned HR Cell

\_\_\_\_\_

Central HR, STMU

\_\_\_\_\_

Registrar, STMU

\_\_\_\_\_

Treasurer, STMU