

Overtime **Pre-Authorization Form**

Detail of Activity:									
Sr. No	Emp Code	Name	Department	Total Hours:		Date	Budget Head	Remarks (Any other	Involved in any other activity during the
				From	To	Scheduled:	gov 120mu	comments)	month
Justific	ation:								
Requsted By:				Recommended By:				Approved By Head HR / VC:	