Overtime Consent Form

The Employee consents to work overtime as below.

Employee

FULL NAME

EMPLOYEE ID

DEPARTMENT

EMAIL

PHONE

Overtime

FROM

TO

MAX OVERTIME HOURS PER WEEK

Overtime is paid at twice the ordinary rate of wages, and total hours stay within the limits of the Factories Act, 1948 or the applicable Shops and Establishments law.

☐ I consent to work overtime within the limits above and may withdraw consent with 7 days' notice.

Signed electronically under the Information Technology Act, 2000.

Employee

SIGNATURE

PRINTED NAME

DATE

HR

SIGNATURE

PRINTED NAME

DATE