



# OT Request Form

Employee: \_\_\_\_\_

Current Swing Dates: Arriving: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Leaving: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Requested Swing Dates: Arriving: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Leaving: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Site Supervisor Checklist (To be completed by Site Supervisor):**

- Site Superintendent Approval
- Employee Approval
- Notify Other Crew Supervisor

**HSEQ Checklist (To be completed by HSEQ Team):**

- Swipe Report Check
- Roster
- Accommodation Booked

Employee Signature:	_____	Date:	_____
Site Supervisor Signature:	_____	Date:	_____
HSEQ Signature:	_____	Date:	_____
Senior Manager Approval:	_____	Date:	_____

**Note: OT is not approved until Operations Manager has provided approval.**

**COMMENTS:**

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