Overtime Reconciliation Calculation

Employee Name: _____ **Employee ID:** _____
Department: _____ **Designation:** _____
Period: From: _____ To: _____

Overtime Details

Date	Day	Scheduled Hours	Actual Hours Worked	Overtime Hours	Comments
__/__/____	_____	8	10	2	_____
__/__/____	_____	8	12	4	_____
			Total Overtime Hours	_____	

Overtime Calculation Summary

Description	Details
Hourly Rate	_____
Total Overtime Hours	_____
Overtime Pay Rate (e.g., 1.5x)	_____
Total Overtime Amount	_____

Prepared by: _____ **Date:** ____/____/____

Approved by: _____ **Date:** ____/____/____

Important Notes:

- Ensure overtime is pre-approved by the department supervisor/manager.
- All calculations must comply with company policy and labor regulations.
- Attach supporting documents such as attendance sheets or time logs.
- Any discrepancies should be clarified before processing payment.
- This document must be reviewed and signed by both employee and supervisor.