

Weekly Overtime Calculation Statement

Employee Name: _____
Employee ID: _____
Department: _____
Week Starting: ____/____/____
Week Ending: ____/____/____

Weekly Work Hours Summary

Date	Regular Hours	Overtime Hours	Total Hours	Supervisor Initials
Mon (____/____)	_____	_____	_____	_____
Tue (____/____)	_____	_____	_____	_____
Wed (____/____)	_____	_____	_____	_____
Thu (____/____)	_____	_____	_____	_____
Fri (____/____)	_____	_____	_____	_____
Sat (____/____)	_____	_____	_____	_____
Sun (____/____)	_____	_____	_____	_____
Total	_____	_____	_____	

Overtime Rate: _____
Total Overtime Pay: _____

Authorizations

Employee Signature: _____ Date: ____/____/____
Supervisor Signature: _____ Date: ____/____/____

Important Notes

- All overtime must be pre-approved by the supervisor.
- Overtime calculations must comply with company and legal policies.
- This statement should be submitted at the end of each work week.
- Discrepancies should be reported immediately to HR.
- Keep a copy for your records.