

# Daily Overtime Calculation Sheet

## Employee Information

Name	_____	Employee ID	_____
Department	_____	Date	____/____/____

## Overtime Details

Start Time	End Time	Regular Hours	Overtime Hours	Overtime Rate	OT Amount	Remarks
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Total Overtime:				_____	_____	

Supervisor's Name	_____	Signature	_____	Date	____/____/____
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## Important Notes

- All overtime hours must be pre-approved by the supervisor.
- Ensure accurate time entry for start and end times.
- Attach supporting documents if needed for verification.
- Comply with company policies and labor laws regarding overtime calculation.
- Incomplete or illegible forms may not be processed.