

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 _____ / _____ / _____

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.