

# ABC Corporation Pvt. Ltd.

123 Commerce Street, Industrial Area, City Name

## Monthly Overtime Statement

**Employee Name:** John Doe

**Employee ID:** 100234

**Designation:** Production Supervisor

**Department:** Manufacturing

**Month:** June 2024

**Prepared by:** HR Department

Date	Day	Regular Hours	Overtime Hours	Remarks
01-06-2024	Saturday	8	2	Project Deadline
03-06-2024	Monday	8	1	Inventory Work
12-06-2024	Wednesday	8	1.5	Monthly Audit
15-06-2024	Saturday	8	2	Maintenance
24-06-2024	Monday	8	1	Meeting
<b>Total Overtime Hours</b>			<b>7.5</b>	

Prepared By

Checked By (Supervisor)

Employee Signature

### Important Notes:

- Only approved overtime hours are considered for payment.
- Overtime statements must be verified and signed by the employee's supervisor.
- Maintain supporting documents justifying overtime work.
- All statements should be submitted to HR by the 5th of the following month.