

# Weekly Overtime Summary Sheet

Department: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Prepared By: \_\_\_\_\_

Employee Name	Employee ID	Designation	Date	Scheduled Hours	Actual Hours Worked	Overtime Hours	Reason for Overtime	Supervisor Signature
_____	_____	_____	_____/_____/____	—	—	—	_____	_____
_____	_____	_____	_____/_____/____	—	—	—	_____	_____

## Important Notes:

- Overtime must be approved by the supervisor before being performed.
- All overtime hours should comply with the organization's policy and relevant labor regulations.
- This sheet must be submitted weekly to the Human Resources department for processing.
- Ensure that all employee and supervisor signatures are collected for verification purposes.
- Incomplete or improperly filled sheets may result in delay or disapproval of overtime compensation.