

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.