

# Weekly Overtime Calculation Sheet

Employee Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_  
Week Ending: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Day	Date	Regular Hours	Overtime Hours	Total Hours	Supervisor Initials
Monday	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____
Sunday	_____	_____	_____	_____	_____
Totals		_____	_____	_____	

Employee Signature:

\_\_\_\_\_

Supervisor Signature:

\_\_\_\_\_

## Important Notes:

- All overtime hours must be approved by the supervisor in advance.
- Ensure accuracy in recording hours worked each day.
- This sheet should be submitted at the end of each work week.
- Falsification of overtime records is a disciplinary offense.
- Retain a copy for your personal records.