

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.