

# Overtime Hours Timesheet

Employee Name:

Employee ID:

Department:

Period:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Overtime Record

Date	Day	Time Started	Time Ended	Total Overtime (Hours)	Reason for Overtime	Supervisor Approval
____	____	____	____	____	____	____
____	____	____	____	____	____	____
____	____	____	____	____	____	____
____	____	____	____	____	____	____

Employee Signature  
Date: \_\_\_\_\_

Supervisor Signature  
Date: \_\_\_\_\_

## Important Notes

- Overtime must be pre-approved by the supervisor before work is performed.
- Timesheet must be submitted promptly as per company policy.
- Falsification of overtime records may lead to disciplinary action.
- Attach supporting documents if required by your department.