

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.