

Employee Overtime Monthly Record

Employee Name:

Department	Operation	Machine / equipment Op.

Date	In-time	Out-Time	Over time Hours	Other Exp.	Reasons
01					
02					
03					
04					
05					
06					
07					
08					
09					
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11					
12					
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25					
26					
27					
28					
29					
30					
31					

Rejected Time

Date	Reasons

Employee Sign.	Supervisor Sign.	Human resources – Sign.
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