



ACCUMULATIVE OVERTIME REPORT

Employee Information			
Name			
ID Number		Joining Date	
Job Title		Department	
Contact Number			

Overtime Details				
The above-mentioned employee has rendered overtime hours as per the below details:				
# Days	Date dd-mm-yyyy	From Start	To End	# of hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

# Days	Date dd-mm-yyyy	From Start	To End	# of hours
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total Number of Days	
Total Number of Hours	
Total Approved Overtime Hours	

Please attach approval for the overtime duly signed

Important Notice:

- Pre - approval is required before rendering overtime.

Employees Signature
Above overtime details are accurate and have been pre - approved.
Name
Signature & Date

Reviewed by (immediate supervisor)
Name:
Job Title:
Signature

Approved by the Head of Department/Center
Name:
Job Title:
Signature