

Overtime Payment Summary Statement

Employee Information

Name: _____ Employee ID: _____

Department: _____ Position: _____

Overtime Period: _____

Overtime Details

No.	Date	Start Time	End Time	Hours
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
Total Hours: _____				_____

Payment Summary

Hourly Overtime Rate: _____ Total Overtime Pay: _____

Employee Signature Date: