

Overtime Compensation Slip

Slip No.:

Date:
__/__/____

Employee Name:

Employee ID:

Department:

Designation:

Overtime Details

Date	Day	Regular Hours	Overtime Hours	Rate per Hour	Total Amount
__/__/__	_____	_____	_____	_____	_____
__/__/__	_____	_____	_____	_____	_____
Total				_____	_____

Grand Total Overtime Compensation:

Remarks:

Employee Signature

Authorized By