

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