



MONTHLY OVERTIME FORM

NAME _____ EMP. NO. : _____

DEPT _____ SECTION : _____ POSITION : _____

PLEASE TICK (/)

☐ / ☐

OT ALLOWANCE

MONTH :

DATE	TIME (FROM)	TIME (TO)	TOTAL HOURS	SIGNED BY E'EE	SIGNED BY H.O.D	PURPOSE OF OVERTIME
26						
27						
28						
29						
30						
31						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
TOTAL OT HOURS :						

I hereby confirm the above is a true and accurate report of my overtime claim.

Approved by (H.O.D),

Name :

FOR HR USED :