

Supervisor's Report of Overtime

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To: Payroll				From:				Date: Payroll Period From:				Date: Payroll Period Ending:			
The listed employees have worked Overtime on the dates shown in the stated hours.				First Week		2nd Week		The listed employees have worked Overtime on the dates shown in the stated hours.				First Week		2nd Week	
				Date	# of Hrs.	Date	# of Hrs.					Date	# of Hrs.	Date	# of Hrs.
Name:								Name:							
SSN#:								SSN#:							
Comp Time		Paid O/T						Comp Time		Paid O/T					
Name:								Name:							
SSN#:								SSN#:							
Comp Time		Paid O/T						Comp Time		Paid O/T					
Name:								Name:							
SSN#:								SSN#:							
Comp Time		Paid O/T						Comp Time		Paid O/T					
Name:								Name:							
SSN#:								SSN#:							
Comp Time		Paid O/T						Comp Time		Paid O/T					
Name:								Name:							
SSN#:								SSN#:							
Comp Time		Paid O/T						Comp Time		Paid O/T					

I hereby certify that the dates and number of hours indicated represent overtime worked by the named employee and as such could not be done during regular hours.

Title:

Signature:

Payroll Office Notes:

Review By: