

RECORD OF OVERTIME

NAME		EMPLOYEE NO.	POSITION
SITE		DEPT	
SCHEDULED SHIFT		DATE OF OVERTIME	
INDICATE			
A. TIME OFF IN LIEU <input type="checkbox"/> YES <input type="checkbox"/> NO		B. PAID OVERTIME <input type="checkbox"/> YES <input type="checkbox"/> NO	
OVERTIME CALCULATION			
FROM		TO	
TOTAL HOURS WORKED		OVERTIME CALCULATION	
REASON FOR EXTENDED TIME ON DUTY (MUST BE APPROVED BY SUPERVISOR)			
EMPLOYEE SIGNATURE		DATE	
AUTHORIZING SIGNATURE		DATE	