

HOURLY EMPLOYEE OVERTIME PAYROLL FORM

Payroll Department Copy

Employee Name:

Employee ID:

Department:

Supervisor:

Pay Period Start:

Pay Period End:

| Date | Day | Regular Hours | OT Hours (1.5x) | DT Hours (2.0x) | Reason for Overtime |
|------|-----|---------------|-----------------|-----------------|---------------------|
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|-------------------------|--|
| Total Regular Hours | |
| Total OT Hours (1.5x) | |
| Total DT Hours (2.0x) | |
| Hourly Rate (\$) | |
| Total Overtime Pay (\$) | |

Employee Signature

Date

Supervisor Approval Signature

Date