

XXX Company

To: Human Resource Department

OT COMPENSATION TIME SHEET (FOR CASH COMPENSATION ONLY)

Reference no.:

Department: _____

Name: _____

Month :

Authorized by

	Duration-Exact Time	Hour(s)	Reasons	Dept Head
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 Hours :

Date : _____

*** Please be advised that the compensation hours requested by you will be approved according to this Compensation Time Sheet. Please return the completed form to HR Department.