

# Monthly Timesheet Approval Form

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

## Timesheet Details

Date	Day	Time In	Time Out	Regular Hours	Overtime Hours	Remarks
2024-06-01	Monday	09:00	18:00	8	1	
2024-06-02	Tuesday	09:00	17:00	8	0	

## Summary

Total Working Days	Total Regular Hours	Total Overtime Hours
22	176	12

## Overtime Details

Date	Reason for Overtime	Supervisor Initials
2024-06-01	Project deadline	_____

Employee Signature: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_