

# 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: \_\_\_\_\_