

Employee Claim Form for Overtime Payment

The **employee claim form** sample for overtime payment streamlines the process of requesting additional compensation for extra hours worked. This form ensures accurate documentation and quick approval by capturing essential details such as dates, hours, and authorized signatures. Utilizing a standardized claim form enhances transparency and expedites payroll processing.

Employee Details

Employee Name		Employee ID	
Department		Position	

Overtime Details

Date	Day	Normal Working Hours	Overtime Start	Overtime End	Total Overtime Hours	Reason/Description	Supervisor Initials

Employee Declaration

I hereby declare that the above information is accurate and the overtime hours claimed were worked as stated.

Employee Signature: _____ Date: _____

Approval Section

Supervisor/Manager Name	
Signature	
Date	
Remarks (if any)	

Note: Attach supporting documents if required. Incomplete forms may delay processing.