

Parts Department Overtime Record

Name: _____

Month: _____

| Day | Overtime Hours Worked | | | | | | Auth | Notes |
|------|-----------------------|-----|----|-----|-------|------------|------|-------|
| | On | Off | On | Off | Total | O/T To Pay | | |
| 1st | | | | | | | | |
| 2nd | | | | | | | | |
| 3rd | | | | | | | | |
| 4th | | | | | | | | |
| 5th | | | | | | | | |
| 6th | | | | | | | | |
| 7th | | | | | | | | |
| 8th | | | | | | | | |
| 9th | | | | | | | | |
| 10th | | | | | | | | |
| 11th | | | | | | | | |
| 12th | | | | | | | | |
| 13th | | | | | | | | |
| 14th | | | | | | | | |
| 15th | | | | | | | | |
| 16th | | | | | | | | |
| 17th | | | | | | | | |
| 18th | | | | | | | | |
| 19th | | | | | | | | |
| 20th | | | | | | | | |
| 21st | | | | | | | | |
| 22nd | | | | | | | | |
| 23rd | | | | | | | | |
| 24th | | | | | | | | |
| 25th | | | | | | | | |
| 26th | | | | | | | | |
| 27th | | | | | | | | |
| 28th | | | | | | | | |
| 29th | | | | | | | | |
| 30th | | | | | | | | |
| 31st | | | | | | | | |

Final Total

Signature: _____

Supervisor's Signature: _____

Notes: Overtime must be approved *PRIOR* to being carried out. Unapproved overtime may not be paid. Additionally, overtime must be signed for immediately following being worked. Failure to do this may result in non-payment unless evidence of overtime and prior approval can be shown.