**OVERTIME**

**SHEET**

Employee Name: Date:

Client Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Start Time** | **End Time** | **Regular Hrs.** | **Overtime Hrs.** | **Total Overtime Hrs.** |
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|  |  |  |  |  |  |

Employee signature: Date:

Client signature: Date: