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| --- |
| **Overtime Sheet** |
| Company Name: |  |  |
| Employee Name: |  |  | Employee ID: |  |
| Start Date: |  |  | End Date:  |  |
|  |  |
| Date | Day | Regular | Overtime  | Holiday | Sick | Vacation | Other | Total |
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|  | *Weekly Total:* |  |  |  |  |  |  |  |
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|  | *Weekly Total:* |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Approved By: |  |  |  Date:  |  | **Total Hours:** |  |