

**OVERTIME BILLING/OVERTIME PAYMENT SHEET FOR THE MONTH ...../YEAR \***

**SUPPLEMENTAL AND OVERTIME WORK BILLING/OVERTIME PAYMENT SHEET FOR THE MONTH...../YEAR \***

No.	full name	position	number of hours to be worked per month	actual working time in hours	number of overtime hours				supplemental work	notes
					total	20%	50%	100%		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

.....  
date, signature of the person drawing up the document

I agree:

.....  
date, employer's signature