



# Wee-Hours Summary For the Month Of \_\_\_\_\_

Employee Name \_\_\_\_\_

Department & Designation \_\_\_\_\_

HillCrest ID: \_\_\_\_\_

Date Of Submission (to be filled by HC Executive) \_\_\_\_\_

Sno.	Date	Day	Overtime Start Time	Overtime End Time	Rest Hours	Effctive Time	Reason	Supervisor Opinion
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
<b>Total</b>								

Supervisor Signature \_\_\_\_\_

Financial Approver Signature \_\_\_\_\_

Supervisor ID \_\_\_\_\_

Financial Approver ID \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Documents To Be Attached**

E-mail			
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