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|   |  | **Overtime Sheet** |  |  |  |  |  |  |
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|   |  | **[Your Company Name]** |  |  |  |  |  |  |  |
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|   |  | **Employee Name:** |  |  | **Personnel Numbers:** |  |
|   |  | **SIN:** |  |  | **Department:** |  |
|   |  | **Supervisor:** |  |  | **OT Bank Balance Carried Forward:** |  |
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|   |  | **Date** | **Hours Worked** | **Overtime Hours Earned** | **OT Hours** | **OT Hours** |  |
|   |  | **(dd/mm/yyyy)** | **(in excess of 36.25)** | **(Hours Worked x 1.5)** | **Banked** | **Paid Out** |  |
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