

Republic of the Philippines  
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
FIELD OFFICE III

**STATEMENT OF OVERTIME SERVICES RENDERED**

Full Name: \_\_\_\_\_  
Months/s: \_\_\_\_\_

Position: \_\_\_\_\_  
Area of Assignment: \_\_\_\_\_

REGULAR WORKING DAYS						SATURDAYS / SUNDAYS / HOLIDAYS							
DATE	AM		PM		NO. OF HOURS	NO. OF MINUTES	DATE	AM		PM		NO. OF HOURS	NO. OF MINUTES
	IN	OUT	IN	OUT				IN	OUT	IN	OUT		
Sub total							Sub total						
TOTAL							TOTAL						

Rate/Hour: \_\_\_\_\_ x \_\_\_\_\_ hours x 125% = \_\_\_\_\_ Rate/Hour: \_\_\_\_\_ hours x 150% = \_\_\_\_\_  
 Rate/Min: \_\_\_\_\_ x \_\_\_\_\_ Mins x 125% = \_\_\_\_\_ Rate/Min: \_\_\_\_\_ Mins x 150% = \_\_\_\_\_  
 Salary/Mo: \_\_\_\_\_ TOTAL = \_\_\_\_\_ Salary/Mo: \_\_\_\_\_ TOTAL = \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

APPROVED FOR PAYMENT in the amount of P\_\_\_\_\_ the above expenses having been incurred under my authority in interest of public service and the charge of being just and reasonable, as verily believable.

\_\_\_\_\_  
Immediate Supervisor