**STATEMENT OF EXTENDED SERVICES**

**PURPOSE:** Pls. refer to Report on Extended Services Rendered for the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **DAY** | **MORNING** | | | **AFTERNOON** | | **EVENING** | | | **OT** |
| **IN** | **OUT** | | **IN** | **OUT** | **IN** | **OUT** | |
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|  |  |  | | **Total no. of OT hours, Weekdays** | | |  | |  |  |
|  |  |  | | Rate/hour | (1.25) |  |  | |  |  |
|  |  |  | |  |  |  |  | |  |  |
|  |  |  | | **Sub-total** |  |  |  | |  |  |
|  |  |  | |  |  |  |  | |  |  |
|  |  |  | |  |  |  |  | |  |  |
|  |  |  | | **Total no. of OT hours, Weekends** | | |  | |  |  |
|  |  |  | | Rate/hour | (1.50) |  |  | |  |  |
|  |  |  | |  |  |  |  | |  |  |
|  |  |  | | **Sub-total** |  |  |  | |  |  |
|  |  |  | |  |  |  |  | |  |  |
|  |  |  | | **Total OT** |  |  |  | |  |  |
|  |  |  | |  |  |  |  | |  |  |

Employee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certified Services Rendered:

Rate / day P \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of working hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

during the month \_\_\_\_\_\_\_\_\_\_ Employee’s Signature

Rate/hour P \_\_\_\_\_\_\_\_\_\_

I HEREBY CERTIFY that the services have been rendered under my direct supervision and the items specified above have been checked against the time card.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor**