

# OVERTIME REQUEST FORM

BU/BR/DIV Name : CE (2)

Department Name : GA

Reason for Overtime :

ဆေးကုသမှု

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	30.3.25	ဦးဇော်	-	17:00	07:00		8000	ဆေးကုသမှု
2.	31.3.25	မောင်စော	-	17:00	07:00		8000	ဆေးကုသမှု
						<b>Total Hours</b>	16000	
						<b>Total Amount</b>		

Requested by

Sign :

Name :

  
 (Requestor)

Approved by



(DH)

Moe Mann

Approved by



(GM/AGM/COO)

Checked by



(HR)

Moe Mann

05-CHL-HRM-FRM-020-05

2025/04/25 13:31