
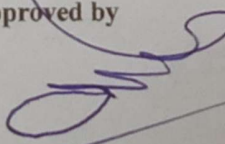


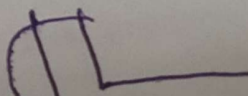
OVERTIME REQUEST FORM

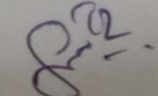
BU/BR/DIV Name : CE 5 BU
 Department Name : Security
 Reason for Overtime : 3000:09:0T

No.	Date	Name	Position Level	Time		Hours	Amount	Remark	
				From	To				
1.	3.1.2025	Win Naing Tun		07:00	17:00	10:00	800001.	3000:09:0T	
2.	3.1.2025	"		17:00	07:00	14:00	800001.	"	
3.	3.1.2025	Nay Lin Aung		17:00	07:00	14:00	800001.	"	
4.	4.1.2025	Win Naing Tun		17:00	07:00	14:00	800001.	"	
5.	4.1.2025	Nay Lin Aung		17:00	07:00	14:00	800001.	"	
6.	5.1.2025	"		07:00	17:00	10:00	800001.	"	
7.	5.1.2025	Win Naing Tun		17:00	07:00	14:00	800001.	"	
8.	6.1.2025	"		07:00	17:00	10:00	800001.	"	
9.	6.1.2025	Nay Lin Aung		07:00	17:00	10:00	800001.	"	
Total Hours								720009.	
Total Amount									

Requested by
 Sign : 
 Name : Win Naing Tun
 (Requestor)

Approved by

 (DH)

Approved by

 (GM/AGM/COO)

Checked by

 (HR) Moe Hn

05-CHL-HRM-FRM-020-05

2025/01/17 16:20

