



# OVERTIME REQUEST FORM

BU/BR/DIV Name : MAC. BU

Department Name : HR. GA.

Reason for Overtime : 3 hrs: of: for extra: @ 1.5 AT-

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	22-2-25	Robert Zin		17:00 pm	17:00 AM	2	8000	extra: 2 hrs
2	22-2-25	Kyran Pore		07:00 AM	17:00 pm	8	8000	"
3	22-2-25	Henry Hwang		17:00 pm	07:00 AM	2	8000	extra: 2 hrs
4	25-2-25	Robert Zin		07:00 AM	17:00 pm	2	8000	extra: 2 hrs
5	26-2-25	Henry Hwang		17:00 pm	07:00 AM	2	8000	"
6	27-2-25	Thomas Phyllis Tan		07:00 AM	17:00 pm	2	8000	"
7	27-2-25	Robert Zin		17:00 pm	07:00 AM	2	8000	"
8								
<b>Total Hours</b>						56	56000	
<b>Total Amount</b>								

Requested by

Approved by

Approved by

Checked by

Sign:

Name: Robert Zin  
(Requestor)

(DH)

(GM/AGM/COO)

(HR)