

OVERTIME REQUEST FORM

BU/BR/DIV Name : MAC.
 Department Name : Logistics
 Reason for Overtime : Ferry

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	2.1.25	H.M.T	D-Mon	6:00 Am	8:00 Am	2	2400	Ferry
2.	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
3.	3.1.25	A.K.L	"	6:00 Am	8:00 Am	2	2400	"
4.	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
5.	6.1.25	H.M.T	"	6:00 Am	8:00 Am	2	2400	"
6.	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
7.	7.1.25	H.M.T	"	6:00 Am	8:00 Am	2	2400	"
8.	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
9.	8.1.25	H.M.T	"	6:00 Am	8:00 Am	2	2400	"
Total Hours						16hrs	19200Ks	
Total Amount								

Requested by: Approved by: _____ Approved by: _____ Checked by:

Sign: _____ Name: Hloing Mn Tun. (Requestor) (DH) (GM/AGM/COO) (HR)

05-CHL-HRM-FRM-020-05



OVERTIME REQUEST FORM

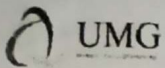
BU/BR/DIV Name : MAC.
 Department Name : Logistics
 Reason for Overtime : Ferry

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
10.	8.1.25	H.M.T	D-Mon	5:00 pm	6:30 pm	1:30	1800	Ferry
11.	9.1.25	H.M.T	"	6:00 Am	8:00 Am	2	2400	"
12.	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
13.	10.1.25	"	"	6:00 Am	8:00 Am	2	2400	"
14.	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
15.	11.1.25	"	"	6:00 Am	8:00 Am	2	2400	"
16.	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
17.	18.1.25	"	"	6:00 Am	8:00 Am	2	2400	"
18.	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
Total Hours						15hrs	18000Ks	
Total Amount								

Requested by: Approved by: _____ Approved by: _____ Checked by:

Sign: _____ Name: Hloing Mn Tun. (Requestor) (DH) (GM/AGM/COO) (HR)

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BU/BR/DIV Name : MAC
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No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
19	13.1.25	H.M.T	D. Mon.	6:00 Am	8:00 Am	2	2400	ferry
20	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
21	14.1.25	H.M.T	"	6:00 Am	8:00 Am	2	2400	"
22	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
23	15.1.25	H.M.T	"	6:00 Am	8:00 Am	2	2400	"
24	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
26	16.1.25	H.M.T	"	6:00 Am	8:00 Am	2	2400	"
27	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
28	17.1.25	H.M.T	"	6:00 Am	8:00 Am	2	2400	"
Total Hours						16hrs	19200ks	
Total Amount								

Requested by: Approved by: _____ Approved by: _____ Checked by:

Sign: _____ Name: Hloing Min Tun. (Requestor) (DH) (GM/AGM/COO) (HR)

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OVERTIME REQUEST FORM

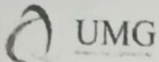
BU/BR/DIV Name : MAC
 Department Name : Logistics.
 Reason for Overtime : ferry

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
29	17.1.25	H.M.T	D. Mon.	5:00 pm	6:30 pm	1:30	1800	ferry
30	18.1.25	H.M.T	D. Mon.	6:00 Am	8:00 Am	2	2400	"
31	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
32	20.1.25	A.K.I	"	6:00 Am	8:00 Am	2	2400	"
33	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
33	26.1.25	H.M.T	"	6:00 Am	8:00 Am	2	2400	"
34	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
35	28.1.25	H.M.T	"	6:00 Am	8:00 Am	2	2400	"
36	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
Total Hours						15hrs	18000ks	
Total Amount						30min		

Requested by: Approved by: _____ Approved by: _____ Checked by:

Sign: _____ Name: Hloing Min Tun (Requestor) (DH) (GM/AGM/COO) (HR)

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OVERTIME REQUEST FORM

BU/BR/DIV Name : **MAC**
 Department Name : **Logistics**
 Reason for Overtime : **ferry**

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
38	23.1.25	H.M.T	J-Man	6:00 AM	8:00 AM	2	2400	ferry
39	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
39	24.1.25	HMT	"	6:00 am	8:00 am	2	2400	"
40	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
41	25.1.25	HMT	"	6:00 AM	8:00 AM	2	2400	"
42	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
43	27.1.25	HMT	"	6:00 AM	8:00 AM	2	2400	"
44	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
45	28.1.25	HMT	"	6:00 AM	8:00 AM	2	2400	"
Total Hours						16hrs	19200ks	
Total Amount								

Requested by: Name: **Huiyng Min Tun** (Requestor)
 Approved by: _____ (DH)
 Approved by: _____ (GM/AGM/COO)
 Checked by: (HR)

05-CHL-HRM-FRM-020-05



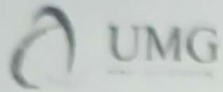
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BU/BR/DIV Name : **MAC**
 Department Name : **Logistics**
 Reason for Overtime : **ferry**

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
46	28.1.25	H.M.T	J-Man	5:00 pm	6:30 pm	1:30	1800	ferry
47	30.1.25	HMT	"	6:00 AM	8:00 AM	2	2400	"
48	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
49	31.1.25	H.M.T	"	6:00 AM	8:00 AM	2	2400	"
50	"	"	"	5:00 pm	6:30 pm	1:30	1800	"
Total Hours						8hrs	10200ks	
Total Amount						30min		

Requested by: Name: **Huiyng Min Tun** (Requestor)
 Approved by: _____ (DH)
 Approved by: _____ (GM/AGM/COO)
 Checked by: (HR)

05-CHL-HRM-FRM-020-05



OVERTIME REQUEST FORM

BU/BR/DIV Name : **MPC**
 Department Name : **Logistics**
 Reason for Overtime : **Loading**

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	7/10/25	Hlaing Min Tun	D. Man.	8:00 Am	5:00 pm	8	9600	2300 P 3
2		Khaing Win	W/o H	u	u	u	9600	P 128
3		Naing Min Thu	D. Man.	u	u	u	9600	119
4		Sai Thu Aung	u	u	u	u	9600	120
5		Y/c Min	W/o H	u	u	u	9600	
6		Thien Sein	W/o H	u	u	u	9600	

Total Hours	48hrs	576000
Total Amount		

Requested by
 Sign :
 Name : **Hlaing Min Tun**
 (Requestor)

Approved by
 (DH)

Approved by
 (GM/AGM/COO)

Checked by

 (HR)