





# OVERTIME REQUEST FORM

BU/BK/DIV Name : PMC  
 Department : Administration  
 Reason for Overtime :

No	Date	Name	Rank	Time		Hours	Amount	Remark
				From	To			
1	26.5.25	P. Manoj		17:00	07:00	2	2000/-	102:00 PM to 07:00 AM
2	26.5.25	"		17:00	07:00	2	2000/-	"
3	30.5.25	"		17:00	07:00	2	2000/-	"
1	3.6.25	P. Manoj		17:00	07:00	2	2000/-	102:00 PM to 07:00 AM
2	3.6.25	"		17:00	07:00	2	2000/-	"
3	7.6.25	"		17:00	07:00	2	2000/-	"
4	9.6.25	"		17:00	07:00	2	2000/-	"
5	11.6.25	"		17:00	07:00	2	2000/-	"

Total Hours	10	20000/-
Total Amount		

Prepared By

Knownledged By

Approved By (GM/AGM/COO)

Check By HR

Name:

Name: Thae E Mon

Name:

Name:

05-CHL-HRM-FRM-020-04

10/07/2025 10:27