



# OVERTIME REQUEST FORM

BU/BR/DIV Name : (CEC)

Department Name : GA

Reason for Overtime : ဆရာတို့၏

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	15.1.25	ဦးစွန်း		17:00	07:00		8000	ဆရာတို့၏
2.	16.1.25	ဦးစွန်း		17:00	07:00		8000	- -
3.	17.1.25	ဦးစွန်း		17:00	07:00		8000	- -
4.	20.1.25	ဦးစွန်း		17:00	07:00		8000	- -
5.	21.1.25	ဦးစွန်း		07:00	17:00		8000	- -
6.	22.1.25	ဦးစွန်း		17:00	07:00		8000	- -
7.	26.1.25	ဦးစွန်း		17:00	07:00		8000	- -
8.	27.1.25	ဦးစွန်း		17:00	07:00		8000	- -
9.	30.1.25	ဦးစွန်း		07:00	17:00		8000	- -
Total Hours							72000	
Total Amount								

Requested by

Sign :

Name :

ဦးစွန်း  
(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 : CEC(2)  
 Department Name : GA  
 Reason for Overtime : 3000:00 OT

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	31.1.25	[Signature]		07:00	17:00		8000	3000:00 OT
2	1.2.25	[Signature]		17:00	07:00		8000	-
3	4.2.25	[Signature]		07:00	17:00		8000	-
4	4.2.25	[Signature]		17:00	07:00		8000	-
5	5.2.25	[Signature]		17:00	07:00		8000	-
6	6.2.25	[Signature]		07:00	17:00		8000	-
7	7.2.25	[Signature]		07:00	17:00		8000	-
8	10.2.25	[Signature]		17:00	07:00		8000	-
9	11.2.25	[Signature]		17:00	07:00		8000	-
<b>Total Hours</b>							72000	
<b>Total Amount</b>								

Requested by  
 Sign : [Signature]  
 Name : [Signature]  
 (Requestor)

Approved by  
 [Signature]  
 (DH)

Approved by  
 [Signature]  
 (GM/AGM/COO)

Checked by  
 [Signature]  
 (HR) ei ei nang

05-CHL-HRM-FRM-020-05



