



### OVERTIME REQUEST FORM

BU/BR/DIV Name : ISBU  
 Department Name : Administration  
 Reason for Overtime : 3၁၆၃၀:၆၃၅+၃၀၀၁၀၆ ၀၇

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	9-9-24	၆:၅၅၅၅	S	17:00	၀7:00	N	8000	3၀:၆၃၅ OT
2	13-9-24	"	S	17:00	၀7:00	N	8000	3၀:၀၆ OT
3	17-9-24	"	S	17:00	၀7:00	N	8000	3၀:၆၃၅ OT
4	23-9-24	"	S	၀7:00	17:00	D	8000	3၀:၀၆ OT
5	24-9-24	"	S	၀7:00	၀7:00	D+N	16000	" OT
6	26-9-24	"	S	၀7:00	၀7:00	D+N	16000	3၀:၆၃၅ OT
7	30-9-24	"	S	၀7:00	၀7:00	D+N	16000	3၀:၀၆ OT
Total Hours							80000	Ks.
Total Amount								

Requested by  
 Sign: *Ukyi Moe*  
 Name: Ukyi Moe  
 (Requestor)

Approved by  
*(Signature)*  
 (DH)  
 Aung Ko Oo

Approved by  
*(Signature)*  
 (GM/AGM/COO)

Checked by  
*(Signature)*  
 (HR) Thee Nu L.

05-CHL-HRM-FRM-020-05



### OVERTIME REQUEST FORM

BU/BR/DIV Name : ISBU  
 Department Name : Administration  
 Reason for Overtime : 3၁၆၃၀:၆၃၅. ၀၇

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	8-9-24	၀၆:၅၅၅၅	S	၀7:00	17:00	D	8000	3၀:၆၃၅ OT
2	12-9-24	"	S	၀7:00	17:00	D	8000	" OT
3	16-9-24	"	S	၀7:00	17:00	D	8000	" OT
4	20-9-24	"	S	၀7:00	17:00	D	8000	" OT
5	24-9-24	"	S	၀7:00	17:00	D	8000	" OT
<del>6</del>	<del>28-9-24</del>	<del>"</del>	<del>S</del>	<del>၀7:00</del>	<del>17:00</del>	<del>D</del>	<del>8000</del>	<del>" OT</del>
7	30-9-24	"	S	၀7:00	17:00	D	8000	" OT
Total Hours							48000	Ks.
Total Amount								

Requested by  
 Sign: *Ukyi Moe*  
 Name: Ukyi Moe  
 (Requestor)

Approved by  
*(Signature)*  
 (DH)  
 Aung Ko Oo

Approved by  
*(Signature)*  
 (GM/AGM/COO)

Checked by  
*(Signature)*  
 (HR) Thee Nu L.

05-CHL-HRM-FRM-020-05



# OVERTIME REQUEST FORM

BU/BR/DIV Name : TSBO  
 Department Name : Administration  
 Reason for Overtime : 3၀၈၃၃၁(၅၅၅). OT

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	6-9-24	P. ၀၈၈၆၃၃၅	S	07:00	17:00	D	8000	3၀၈၃၃၁(၅၅၅) OT ✓
2	8-9-24	"	S	17:00	07:00	N	8000	" OT ✓
3	12-9-24	"	S	17:00	17:00	N	8000	" OT ✓
4	13-9-24	"	S	17:00	07:00	N	8000	" OT ✓
5	16-9-24	"	S	17:00	07:00	N	8000	" OT ✓
6	20-9-24	"	S	17:00	07:00	N	8000	" OT ✓
7	21-9-24	"	S	17:00	07:00	N	8000	" OT ✓
8	24-9-24	"	S	17:00	07:00	N	8000	" OT ✓
9	25-9-24	"	S	17:00	07:00	N	8000	" OT ✓
Total Hours							72000	KS
Total Amount								

Requested by  
 Sign : *Mji*  
 Name : UKyi Moe.  
 (Requestor)

Approved by  
*[Signature]*  
 (DH) Aung Ko 200

Approved by  
*[Signature]*  
 (GM/AGM/COO) Csk.

Checked by  
*[Signature]*  
 (HR) Moe Aye Lita.

05-CHL-HRM-FRM-020-05



# OVERTIME REQUEST FORM

BU/BR/DIV Name : TSBO  
 Department Name : Administration  
 Reason for Overtime : 3၀၈၃၃၁(၅၅၅). OT

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	6-9-24	P. ၀၈၈၆၃၃၅	S	17:00	07:00	N	8000	3၀၈၃၃၁(၅၅၅) OT ✓
2	10-9-24	"	S	07:00	17:00	D	8000	" OT ✓
3	11-9-24	"	S	17:00	07:00	N	8000	" OT ✓
4	14-9-24	"	S	07:00	07:00	D+N	16000	" OT ✓
5	15-9-24	"	S	17:00	07:00	N	8000	" OT ✓
6	18-9-24	"	S	07:00	07:00	D+N	16000	" OT ✓
7	19-9-24	"	S	17:00	07:00	N	8000	" OT ✓
8	23-9-24	"	S	17:00	07:00	N	8000	" OT ✓
9	22-9-24	"	S	07:00	17:00	D	8000	" OT ✓
Total Hours							88000	KS
Total Amount								

Requested by  
 Sign : *Mji*  
 Name : UKyi Moe  
 (Requestor)

Approved by  
*[Signature]*  
 (DH) Aung Ko 200

Approved by  
*[Signature]*  
 (GM/AGM/COO) Csk.

Checked by  
*[Signature]*  
 (HR) Moe Aye Lita.

05-CHL-HRM-FRM-020-05



