



OVERTIME REQUEST FORM

FU/BR/DIV Name : AGS BU
 Department Name : Production
 Reason for Overtime : (25.4.25 ~ 7.5.25)

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1	25.4.25	Htet Aye Phyo Kyaw		3:00pm	6:00pm	1 hr	1200	Obs; the HST pump.
2	26.4.25	Htet Aye Phyo Kyaw		8:00am	4:00pm	7 hr	8400	Maintained HST pump &
3	"	Uyen Myeung		"	"	"	8400	testing.
4	28.4.25	Htet Aye Phyo Kyaw		5:00pm	6:00pm	1 hr	1200	Change HST pump.
5	7.5.25	Uyen Myeung		5:00pm	11:30pm	6 hr	9000	Maintained the gear box assembly.
						Total Hours	28200	
						Total Amount		

Requested by

 Sign :
 Name : Uyen Myeung
 (Requestor)

Approved by
 (DH)
 Ko Myint Moe Aung

Approved by
 (GM/AGM/COO)
 Ko Myeung Myeung

Checked by
 (HR)

05-CHL-HRM-FRM-020-05

