



OVERTIME REQUEST FORM

BU/BR/DIV Name : CE(2)

Department Name : GA

Reason for Overtime : ၁၇၆၁၆၀၅၂; ၈၀၅၇၀၆

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	25.12.24	U: ၀၀၅: ၈၆		၀၇:၀၀	၁၇:၀၀	-	၈၀၀၀	၁၇၆၁၆၀၅
2.	"	၁၆၀၀၆၀၀၅၂		၀၇:၀၀	၁၇:၀၀	-	၈၀၀၀	" ၄
3.	"	" ၀၅၀၅:		၁၇:၀၀	၀၇:၀၀	-	၈၀၀၀	" ၄
4.	"	" ၁၆၀၅:		၁၇:၀၀	၀၇:၀၀	-	၈၀၀၀	" ၄
							Total Hours	32000
							Total Amount	

Requested by

Sign :
Name : U: ၀၀၅: ၈၆
(Requestor)

Approved by

(DH)

Approved by

(GM/AGM/COO)

Checked by

(HR) Noe Thawm.

05-CHL-HRM-FRM-020-05



OVERTIME REQUEST FORM

BU/BR/DIV Name : CE(2)

Department Name : GA

Reason for Overtime : 3000:09:07

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	12.12.24	5300200005	-	07:00	17:00	-	8000	3000:09:07
2.	13.12.24	5300200005	-	17:00	07:00	-	8000	-
3.	14.12.24	5300200005	-	17:00	07:00	-	8000	-
4.	16.12.24	5300200005	-	07:00	17:00	-	8000	-
5.	17.12.24	5300200005	-	07:00	17:00	-	8000	-
6.	18.12.24	5300200005	-	17:00	07:00	-	8000	-
7.	19.12.24	5300200005	-	17:00	07:00	-	8000	-
8.	21.12.24	5300200005	-	07:00	17:00	-	8000	-
9.	22.12.24	5300200005	-	07:00	17:00	-	8000	-
Total Hours						-	72000	
Total Amount						-	72000	

Requested by
 Sign :
 Name : 5300200005
 (Requestor)

Approved by

 (DH)

Approved by

 (GM/AGM/COO)

Checked by

 (HR) Noe Thann

05-CHL-HRM-FRM-020-05