



OVERTIME REQUEST FORM

BU/BR/DIV Name : CE (2)
 Department Name : GA
 Reason for Overtime : 3000:00:01 2025

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	12.5.2025	6000:00:00	.	07:00	17:00	-	8000	3000:00:01 2025
2.	13.5.2025	6000:00:00	.	07:00	17:00	-	8000	" "
3.	15.5.2025	6000:00:00	.	17:00	07:00	-	8000	" "
4.	16.5.2025	6000:00:00	.	17:00	07:00	-	8000	" "
5.	18.5.2025	6000:00:00	.	07:00	17:00	-	8000	" "
6.	19.5.2025	6000:00:00	.	07:00	17:00	-	8000	" "
7.	11.5.2025	6000:00:00	.	17:00	07:00	-	8000	" "
8.	12.5.2025	6000:00:00	.	17:00	07:00	-	8000	" "
9.	14.5.2025	6000:00:00	.	07:00	17:00	-	8000	" "
Total Hours							72000	
Total Amount							72000	

Requested by
 Sign :
 Name :
 (Requestor)

Approved by

 (DH)
 Moe Thazin

Approved by

 (GM/AGM/COO)

Checked by

 (HR) Moe Thazin

05-CHL-HRM-FRM-020-05

