



OVERTIME REQUEST FORM

BU/BR/DIV Name :

Department Name :

Reason for Overtime :

| No. | Date | Name | Position Level | Time | | Hours | Amount | Remark |
|---------------------|------|------|----------------|------|----|-------|--------|--------|
| | | | | From | To | | | |
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| Total Hours | | | | | | | | |
| Total Amount | | | | | | | | |

Requested by

Approved by

Approved by

Checked by

Sign :

Name :

(Requestor)

(DH)

(GM/AGM/COO)

(HR)

05-CHL-HRM-FRM-020-05



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| | | | | From | To | | | |
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| Total Hours | | | | | | | | |
| Total Amount | | | | | | | | |

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