

OVERTIME REQUEST FORM

 BU/BR/DIV Name : CNC.CE5

 Department Name : Security

 Reason for Overtime : အားလုံး OT

No.	Date	Name	Position Level	Time		Hours	Amount	Remark
				From	To			
1.	15.12.24	Nay Lin Aung		17:00	07:00	14:00	8000/-	အားလုံး OT
2.	16.12.24	Win Naing Tun		17:00	07:00	"	8000/-	"
3.	18.12.24	Thae Oo		07:00	17:00	10:00	8000/-	"
4.	19.12.24	Myat Thu Naing		07:00	17:00	10:00	8000/-	"
5.	20.12.24	Thae Oo		17:00	07:00	14:00	8000/-	"
6.	21.12.24	Nay Lin Aung		17:00	07:00	"	8000/-	"
7.	22.12.24	Win Naing Tun		17:00	07:00	"	8000/-	"
Total Hours								
Total Amount								56000/-

Requested by

Sign :

 Name : Win Naing Tun
 (Requestor)

Approved by


 (DH)

Approved by


 (GM/AGM/COO)

Checked by


 (HR)

Mo Han

05-CHL-HRM-FRM-020-05