

TALENT MANAGEMENT SERVICES

OVERTIME REQUEST FORM FOR MONTH OF _____

NAME : _____

STAFF NO : _____

DESIGNATION : _____

SERVICES : _____

TO BE COMPLETED BY EMPLOYEE CONCERNED										HR CALCULATION			
DATE	TIME FROM	TIME TO	NORMAL DAY (HOURS)	LOCUM (HOURS)	REST DAY (HOURS)	PH (DAYS)	NIGHT SHIFT (DAYS)	ONCALL (DAYS)	PURPOSE OF OVERTIME		Rate	Total (Days)	Amount
										Night Shift			
										SRN/Pharm Asst.	RM 25	x	=
										Night Unit Manager/Sister	RM 15	x	=
										Care Assistant /Operator/ Admission/Discharge	RM 10	x	=
										Oncall			
										Active (1st Call) (OT/SPD/DAYWARD)	RM50	x	=
										Active (1st Call) (HAEM/M&E)	RM20	x	=
										Active (2nd Call)(OT/SPD)	RM50	x	=
										Active (1st Call)(OTA)	RM 40	x	=
										Passive (2nd Call) (OT/SPD/OTA)	RM 20	x	=
										Passive (2nd Call) (HAEM/M&E)	RM10	x	=
										Locum			
										SRN	RM15	x	=
										SRN (Midwife)	RM20	x	=
										Care Assistant (RM30.00/7H)	RM4.28	x	=
										Pharm Asst.	RM8	x	=
										Overtime			
										OT1 (Hours)(NORMAL)	1.5	x	=
										OT2 (Hours)(OT RESTDAY)	2	x	=
										OT3 (Hours)(OT PH)	3	x	=
										RD1 (Days)(< 4 HOURS)	0.5	x	=
										RD2 (Days)(>4 HOURS)	1	x	=
										PH1 (Days)(NORMAL PH)	1	x	=
										PH2 (Days)(GEZETTED PH)	2	x	=
										(Birthday Agong & Sultan, Merdeka, New Year, Malaysia Day)			
										Late attendance			
TOTAL													

DECLARATION

I declare the above claim was made by me

Signature :

Date :

CERTIFIED BY HEAD OF SERVICES

I certify that the above claims are correct and payable unless otherwise amended or cancelled by me

Signature :

Date :

CERTIFIED BY HR SERVICES

I certify that the above claims are correct and payable unless otherwise amended or cancelled by me

Signature :

Date :