

Name : Designation : Dept. / Div. :						Emp. No Company Month	:			
DATE	REASON FOR OVERTIME (SPECIFY BRIEFLY)	ACTUAL O/T DONE			NO. OF HOURS AND TYPE OF OVERTIME					
		FROM (Time)	TO (Time)	NORMAL e) DAY	REST DAY		PUBLIC HOLIDAY			
				(hours)	(<=4 hours)	(>4/=8 hours)	(>8 hours)	(=8 hours)</th <th>(>8 hours)</th>	(>8 hours)	

Requested By:	Confirmed By:	Approved By:			
(01, (0)		(1) (5) (5)			
(Staff)	(Immediate Superior)	(Head of Dept./Div.)			
Date:	Date:	Date:			

TOTAL NO. OF HOURS