

OVERTIME APPROVAL REQUEST

Date Prepared:			Project:		Location:	
No of Expected OT Hours:			Start Date:		End Date:	
	E	MPLOYEE DETAIL	S : (Please ເ	use extra copy	rif required)	
Employee Number		Name		OT From	ОТ То	Number of OT Hours
			-			
Justification:						

Requested By:	Approved By:	Verified By:
(Signature with Date)	(Signature with Date)	(Signature with Date)
Project(s) Manager / Line Manager	Operations Director	HR Operations Manager

Note:

- 1. Project schedule (manpower histogram) must be attached along with the form.
- 2. Prior Approval (at least 1 week before commencing) for Overtime must be taken from the Management.
- 3. Overtime without prior approvals will not be entertained and shall not be processed in the payroll for payment.

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