



## OVERTIME CLAIM FORM

To : HR Department

Name of Employee : \_\_\_\_\_

Employee No. : \_\_\_\_\_

Scheduled Date	Overtime		No. Of Hours	Reason(s) for Overtime
	From	To		
<b>Total</b>				

**Remarks:**

- AN EMPLOYEE MUST WORK AT LEAST 1 HOUR BEFORE HE/SHE CAN CLAIM FOR THE DAY
- ALL OVERTIME CALCULATION & SUBMISSION SHALL BE BASED ON A 'HALF AN HOUR' UNIT ONLY
- NO OVERTIME WILL BE PAID WITHOUT PRIOR APPROVAL FROM SUPERVISOR & DIRECTOR
- THE OVERTIME CLAIM FORM IS TO BE SUBMITTED TO HR DEPARTMENT BY FIRST WEEK OF THE MONTH

Submitted By

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved By

\_\_\_\_\_  
Chan Peng Guan

\_\_\_\_\_  
R&D Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tammy Ho

\_\_\_\_\_  
Finance & HR Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date