

OVER TIME REQUEST FORM

Name:	Position:	Normal Hour Per Week:
Date:	Department:	

Date Worked	Reason	Time in	Time out	Total Hours	Regular Hours	Overtime Hours

Note

1. The form must be submitted to HR Department by the 25th of each month for payroll purposes.
2. The Head of the Department concerned must sign the form for approval.
3. The Over Time Working will be calculated by the total working hours and subject to a basic salary.

Request by: _____

Date: _____

(Employee)

Acknowledged by: _____

Date: _____

(Head of Department/Superior)

Approved by: _____

Date: _____

(Manager)

Approved by: _____

Date: _____

(HR Department)