HAIGAZIAN UNIVERSITY

OVER TIME APPLICATION
Form HR004

This OT Form should be submitted duly approved to the HRD prior to any OT task ,otherwise it will be automatically rejected .

O/T SHEET DATE		APPROVAL DATE	
EMPLOYEE NAME		TITLE	
DEPARTMENT		TASK	

O/T WEEKLY PLAN	MON		TUE		WED		THU		FRI		
DATE											
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	
TIME											TOTAL
REAL O/T HOURS											
FACTOR											
PAYABLE HOURS											

O/T WEEKLY PLAN	SAT		SUN		HOLIDAY			Personnel / Payroll
DATE								
	FROM	TO	FROM	TO	FROM	TO		
TIME							TOTAL	
REAL O/T HOURS								
FACTOR								
PAYABLE HOURS								

REMARKS	OVERTIME CONFIRMATION & PROCESSING APPROVAL		
	EMPLOYEE SIGNATURE	SUPERVISOR /HEAD SIGNATURE	HR MANAGER