



OVERTIME CLAIMS FORM

Employee Name : Department : Month : Year :

| NO | DATE | NORMAL HOURS OF WORK | | OVERTIME | | OVERTIME | | | | | | DESCRIPTION |
|-------------|------|----------------------|-----|----------|-----|-----------------|----------------|----------------|----------------|----------------------|----------------|-------------|
| | | START | END | START | END | NORMAL OT (NOT) | REST DAY (ROT) | | | PUBLIC HOLIDAY (POT) | | |
| | | | | | | 1.5 x | ≤ 4 0.5 ORP | ≤ 8 1.0 ORP | > 8 2.0 HRP | ≤ 8 2.0 ORP | > 8 3.0 HRP | |
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| GRAND TOTAL | | | | | | | | | | | | |

| Claimed by: | Verified by: | Approved by: | Checked by: |
|---|---|--|--|
| I hereby declare that the above claims are genuine and correct. | | | |
| Name : _____ | Name : _____ Head of Department | Name : _____ Manager/COO/CEO | Name : _____ Human Resource Department |
| Date : _____ | Date : _____ | Date : _____ | Date : _____ |