|  |  |  |
| --- | --- | --- |
| Name : | Staff ID No : | Signature : |
| Designation : | Grade : |
| Department : | Date : |

|  |  |
| --- | --- |
| **APPLICATION DETAILS** |  To be filled AFTER O/T Performed |
| Day | Overtime Needed | Hours Worked | Overtime Performed | Actual Overtime Hours Worked |
| Date | Time | Date | Time |
| Start | Complete | Start | Complete |
| 1. |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |  |
| 4.  |  |  |  |  |  |  |  |  |
| 5.  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |
| 9.  |  |  |  |  |  |  |  |  |
|  Requested By : | Approval By :

|  |  |
| --- | --- |
| APPROVED | DISAPPROVED |
|  |  |

 | I certify the overtime work has been performed/not performed **(PLEASE CIRCLE)** |
| Sign : | Sign : | Sign : |
| Name : | Name : | Name : |
| Date: | Date: | Date: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Time** | **Monday - Saturday** | **Sunday** | **Public Holiday** |
| From | To | 1.5 x Hrs x HRP | ≤ 4 hrs  | ≥ 4 Hrs Up to 8 Hrs | > 8 Hrs | Up to 8 Hrs | > 8 Hrs |
| 0.5 x ORP | 1.0 x ORP | 2.0 x Hrs x HRP | 2.0 x ORP | 3.0 x Hrs x HRP |
|   |   |   |   |   |   |   |   |   |   |
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|  |  |  |  |  |  |  |  |  |  |
| **Total Amount (RM) :** |   |   |   |   |   |   |

|  |
| --- |
| **Overtime Formula** |
| *Hourly Rate Pay =*  | Basic Salary | x | 12 |
| 40 | 52 |
| *Ordinary Rate Pay (ORP) = HRP x 8 Hours* |
| ***\*\*Note : 30 minutes before and after office hours will not be counted as overtime*** |

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| **CHECK AND RECOMMENDED (For Human Capital and Administration Department Only)** |
| Check and verified by : | Recommended By : | Approved By : |
|  |  |  |
| Name : | Name : | Name : |
| Date : | Date : | Date : |