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

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| **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: | | | |

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| **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) :** | | | |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **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 : |