

## Application Form for Overtime Work

Date to Apply: \_\_\_\_\_

Day: \_\_\_\_\_

Applicant Information					
Name		STAR HRSG ID:		Dept/Project	
Work Information & Approval					
Reason for Overtime	1. _____ 2. _____ 3. _____				
Overtime Plan	Start time: _____ End time: _____ Work Place: _____				
Supervisor's Opinion					Signature: _____
<b>Actual Overtime Record &amp; Witness &amp; Approval</b>					
Actual Overtime	Work Time amount to: _____(Hours), From _____ To _____ Rest Time amount to: _____(Hours), From _____ To _____ <div style="text-align: right;">Effective Overtime: _____ (Hours)</div>				
Confirmed by	(Immediate Supervisor) Staff ID: _____				

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Applicant Information					
Name		STAR HRSG ID:		Dept/Project	
Work Information & Approval					
Reason for Overtime	1. _____ 2. _____ 3. _____				
Overtime Plan	Start time: _____ End time: _____ Work Place: _____				
Supervisor's Opinion	<input type="checkbox"/> Rejected <input type="checkbox"/> Agreed				Signature: _____
<b>Actual Overtime Record &amp; Witness &amp; Approval</b>					
Actual Overtime	Work Time amount to: _____(Hours), From _____ To _____ Rest Time amount to: _____(Hours), From _____ To _____ <div style="text-align: right;">Effective Overtime: _____ (Hours)</div>				
Confirmed by	(Immediate Supervisor) Staff ID _____				