

Wee-hours Allowance Application Form

Date to Apply: _____

Day: _____

Applicant Information				
Name		STAR HRSG ID:		Dept/Project
Work Information & Approval				
Reason for wee-hours work				
Wee-hours work Plan	Start time: _____		End time: _____	
	Work Place: _____			
Actual Overtime Record & Witness & Approval				
Actual wee-hours work time	Work Time amount to: _____(Hours), From _____ To _____			
	Rest Time amount to: _____(Hours), From _____ To _____			
	Effective wee-hours work time: _____ (Hours)			
Supervisor's Opinion		Signature with ID		Date:

Note: 1, Your wee-hours work time will be effective on condition that this work is agreed by your supervisor in advance and approved in 24 hours after completed this work and the form should be submitted to Regional coordinator in time after approved. During 11:00pm-6:00am, continue work more than 3hrs, can claim one time, each time 10\$. No more than 10 times/ month.

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