

DUNGSAM CEMENT CORPORATION LIMITED

OVERTIME (OT) FORM

Name & Signature: _____

Section/Division/Dept. : _____

EID & Grade: _____

Type of Overtime (please tick):

REGULAR OT

PAID HOLIDAY OT

General shift

A-shift

B-shift

C-shift

Please tick the appropriate shift duty:

Date	Description of Duties	Extra hour of duty		Additional Hours Worked
		From	To	

Name & Signature of the Supervisor: _____

Name & Signature of Section Head: _____

Name & Signature of the Division Head: _____

Name & Signature of the Department Head: _____