PEGASUS AUTOMATION SDN BHD (778197-P)

24x7 MAINTENANCE STANDBY CLAIM FORM

Employee name: _____ **Date:** _____

Department: _____ **Claim For The Month Of:** _____

Standby Activities Details

Day Of Month	In Time	Out Time	S.Rpt(Y/N)	Issue & Action

Standby Allowance Details

Site	**Allowance**	**Deduction**	**Remark**
Total			

TOTAL AMOUNT CLAIMED	RM
LESS : DEDUCTION	RM
TOTAL	RM

Applicant's Use	**For Office Use**
Applicant's Signature:	Verified By (HOD): Approved by (Management):