



PEGASUS AUTOMATION SDN BHD (778197-P)

OVERTIME CLAIM FORM

Employee name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Day of the week: S/M/T/W/T/F/S

Time From: \_\_\_\_\_ To: \_\_\_\_\_

<b>Job Descriptions</b>

\*Maximum overtime claim = 25.5 hours/month. Calculation based on the salary ratio as stated in the EMPLOYEE HANDBOOK

<b>Applicant's Use</b>	<b>For Office Use</b>
Applicant's Signature: _____	Verified By (HOD): _____ Approved by (Management): _____

Version:- A009 - 201601



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