

Form No:	F.No_16_106_01	 MENJONG SORIG <small>PHARMACEUTICAL CORPORATION LTD</small>	Effective Date	November 2024
Supersedes:	All previous document	OVERTIME PROPOSAL FORM	Page No:	1 of 2

This form should be used to propose and approve overtime work. The supervisor must assess need c f the proposal to carry out overtime and recommend accordingly for approval.

List down the activity and /or product detail(s) in the table below;

Sl No:	Activity/Product Name	Batch No:	Spill over		Proposed Output(kg)	Actual Output(kg)	Remark
			Yes	No			

Date(s) proposed :From..... To.....

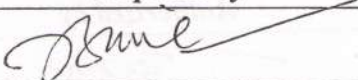
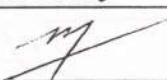
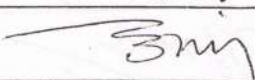
Proposed Time of overtime work (Please Tick all relevant)

Normal overtime hours including weekends(9AM/5PM-10PM)

Odd Hours (10PM- 8 AM)

Public Holidays

No. of Hours proposed.....

Prepared by	Reviewed by	Authorized by
		

CONTROLLED COPY

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State reasons why the work cannot be completed during the normal working days/hours.

.....
.....
.....
.....

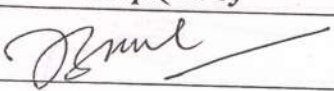
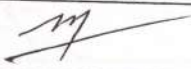
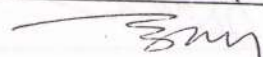
Proposed by;

1. Division/Unit Date;
Name & Signature

2. Division/Unit Date;
Name & Signature

Verified by: Division Date:
Name & Signature

Approved by CEO/Division. Head; Date;
Name & Signature

Prepared by	Reviewed by	Authorized by
		

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Schedule Overtime Payment Approval Form

PAYMENT APPROVAL

Please fill in and return this form to your supervisor after the overtime work has been done.

Quantified Tasks completed during the overtime hours:

.....
.....
.....
.....

Total Amount/Leave Charged.....

Quality Control Test Result [Tick One]: Pass Fail Rejected Not Applicable

Signature:

Employees Name:

Task Verified By:

Signature:

Division Head:

Rate Verified by.....

Payment Approval.....

Signature (Accounts)

Signature (Finance Manager)