OVER TIME FORM



Dept : Inspection Day / Date : 03-Oct-20

| Emp. No. | Name Of Employee | Time | | | Payroll use only | | | |
|-------------|------------------|-------|--------|-----------------------------------|------------------|-----|-----|-----|
| | | Start | Finish | Description | X 1.5 | X 2 | Х З | X 4 |
| 12002 | JULI PURWANTO | 08.00 | 12.00 | Manage inspectors at Manggar base | | | | |
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Proposed by,

Approved by,

Acknowledged by,

Dri

(JULI PURWANTO)

(Rizal Ferdeiansyah)

(HR Department)

ISP-F06-HR-01