

OVER TIME FORM



Dept : Inspection
Day / Date : 20-Feb-21

| Emp. No. | Name Of Employee | Time | | Description | Payroll use only | | | |
|----------|------------------|-------|--------|-----------------------------------|------------------|-----|-----|-----|
| | | Start | Finish | | X 1.5 | X 2 | X 3 | X 4 |
| 12002 | JULI PURWANTO | 08.00 | 12.00 | Manage inspectors at Manggar base | | | | |
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Proposed by,

(JULI PURWANTO)

Approved by,

(Rizal Ferdeiansyah)

Acknowledged by,

(HR Department)