

APPLICATION FOR O/T WORK (For office employees)

- 1 Name of officer:..... Designation.....
- 2 Name of Work:.....
to be done
- 3 Necessity to
work overtime
- 4 Date: No of hours requested
- 5 No of hours O.T. done for the month (up to now)

.....
Signature of Applicant

.....
Date

Recommendation of Supervisorhours overtime
..... Signature/Designation Secretary
..... Date Date

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