

نموذج ساعات عمل اضافي  
**OVER TIME CLAIM FORM**

Over Time Statement Report for The Period From / / To / /

Name: \_\_\_\_\_ Emp # No: \_\_\_\_\_  
Location: \_\_\_\_\_ Grade: \_\_\_\_\_ Job Title: \_\_\_\_\_

Day	To cover absenteeism of a colleague		To cover an official leave of a colleague		To Cover Periodical Task/ Official Holiday	To Cover Duties of Vacant Post	Others	Remarks
	Day Off	O.T	Day Off	O.T				
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Employee Signature

Direct Manager Signature

HR Manager Approval