

Dungsam Polymers Limited
Nganglam

Department:

Date:

OVERTIME FORM

Sl. No	Date	Name	Designation	Normal Shift		Extra Shift		O.T Hours	Remarks
				From	To	From	To		

Prepared by:
Time Office

Verified by:
Shift Incharge

Recommended by:
Executive Engineer

Approved by:
Divisional/Unit Head