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**Human Resources Office**

Chyngyz Shamshiev\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President/ Chief Operating Officer

Chynarkul Ryskulova \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President of Academic Affairs

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overtime Payment**

**(Faculty / Office managers / Academic Offices (WARC, CTLT, Registrar Office))**

**(This form will not be accepted without Permission to do Overtime work form)**

Kindly ask your permission **to pay for overtime work** to the following employee(s):

**NBKR rate: $1=\_\_\_\_\_\_\_\_**(by Finance Office)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№** | **Name** | | **Position** | **Program /**  **Office** | **Overtime work** | | **Number of hours** | **Reason** | **Employee agrees to work overtime** | **Grant(s) name\*** | **Budget line** | **Budget sub-line** | **Subtotal**  **(gross)** | **17,25 %** | | **Total** | |
| **Date** | **Time** | *To be filled in by Finance Office after submission by Initiator*  *All amounts should be in KGS* | | | | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | |
|  | | **TOTAL** (*To be filled in by Finance Office)* | | | | | | | | | | | | | | |  | |

|  |  |  |
| --- | --- | --- |
| **Initiator: Head of Office, Department Chair, Program Director** | | |
| Name | **Signature** | **Date** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved by Department Chair, if Initiator is Program Director** | | | |
| **Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

**Received by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Signature** | **Date** |
|  |  | HR Coordinator |  |  |

**Approved by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Signature** | **Date** |
|  |  | Deputy Financial Director /Chief Accountant |  |  |
|  |  | Financial Director / Financial Analyst |  |  |
|  |  | Grants Office Specialist(if expenses are covered by grant)\* |  |  |
|  |  | Grants Financial analyst (if expenses are covered by grant)\* |  |  |
|  |  | Director of Grants Coordination Office (if expenses are covered by grant)\* |  |  |
|  |  | HR Director |  |  |