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Bishkek, Kyrgyzstan

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**Human Resources Office**

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

Vice President/ Chief Operating Officer

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

**Permission to do Overtime Work for External Event**

**(This form has to be provided to HR Office no later than 5 working days before event. Otherwise, the AUCA Administration will not take this memo in consideration)**

Kindly ask your permission **to do an overtime work** related to the following event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Initiator\* Heads of Administrative Offices, Event Manager, Grants Coordinators** | | | |
| **Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved by Direct Supervisor** | | | |
| **Name** | **Position** | **Signature** | **Date** |
|  |  |  |  |

**Received by:**

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

**Approved by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Name** | **Position** | **Signature** | **Date** |
|  |  | Event Manager |  |  |
|  |  | 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 |  |  |