

7/6 Aaly Tokombaev, 720060,

Bishkek, Kyrgyzstan

инн 01407199310022 | 999 УККН

www.auca.kg

**Human Resources Department**

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

Vice President/ Chief Operating Officer

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

Vice President of Academic Affairs

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

**Permission to do Overtime Work**

**(Academic programs, Office Managers, Academic Offices (CTLT, WARC, Registrar Office)**

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

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **№** | **Name** | | **Position** | **Program /**  **Office** | **Overtime work** | | **Number of hours** | **Reason** | **Employee is agree 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** |
| *All amounts should be in KGS* | | |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | **TOTAL** (*To be filled in by Finance Office)* | | | | | | | | | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Initiator\* Head of Office, Department Chair, Program Director** | | | |
| **Name** | **Position** | **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 |  |  |
|  |  | Senior Financial Analyst/ Financial Analyst |  |  |
|  |  | Grants Office Specialist (if expenses are covered by grant)\* |  |  |
|  |  | Deputy Director of Grants Coordination Office (if expenses are covered by grant)\* |  |  |
|  |  | Director of Grants Coordination Office (if expenses are covered by grant)\* |  |  |
|  |  | HR Director |  |  |