

DUNGSAM CEMENT CORPORATION LIMITED

COMPENSATORY ALLOWANCE FORM

Name & Signature:

Section/Division/Dept. :

EID & Grade:

Date	Description of Duties	Extra hour of duty		Additional Hours Worked
		From	To	

Name & Signature of the Supervisor:

Name & Signature of Section Head:

Name & Signature of the Division Head:

Name & Signature of the Department Head: