





Form No.: CHRD-CO6-PO1-WO5-FO1A | Revision/Issue No.: 00/01 | Effectivity Date: August 1, 2015









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OVERTIME REQUEST FORM	OVERTIME REQUEST FORM		
Date:	Date:		
Name of Employee:	Name of Employee:		
Date of Overtime:	Date of Overtime:		
Estimated No of Hours:	Estimated No of Hours:		
Specific Task/s to be Done:	Specific Task/s to be Done:		
Prepared by:Signature of Employee	Prepared by:Signature of Employee		
Approved by:Immediate Supervisor Signature/Date	Approved by:Immediate Supervisor Signature/Date		
Received by:Authorized HRD Signature/Date Note: This form must be duly approved by the Immediate Supervisor and must be submitted to HR before availing the OT.	Received by: Authorized HRD Signature/Date Note: This form must be duly approved by the Immediate Supervisor and must be submitted to HR before availing the OT.		
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Specific Task/s to be Done:	Specific Task/s to be Done:			
Prepared by:Signature of Employee	Prepared by:Signature of Employee			
Approved by:Immediate Supervisor Signature/Date	Approved by:Immediate Supervisor Signature/Date			
Received by:Authorized HRD Signature/Date	Received by:Authorized HRD Signature/Date			
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