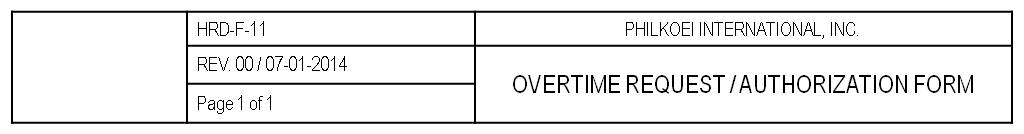




REV. 01 / 01-29-2020

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMPLOYEE NAME: | | DATE OF APPLICATION: | | |
| POSITION: | | EMPLOYEE NO.: | | |
| |  |  | | --- | --- | |  |  |   DATE OF OVERTIME:     |  |  | | --- | --- | |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   M M D D Y Y Y Y  REGULAR DAY  HOLIDAY  REST DAY/ SPECIAL DAY | | REST DAY/ DAY OFF: | | |
| WORK SCHEDULE: | IN: | OUT: |
| DURATION OF OVERTIME WORK: | FROM: | TO: |
| APPROVED NUMBER OF OT HOURS:  (To be filled out by superior) | | |
| REASON(S) FOR OVERTIME: | | | | |
| REQUESTING DEPARTMENT:  ENG’G/DC/BD/ICG/FIN/ADMIN/HR/PROJECT | RECOMMENDED BY: | | APPROVED BY: | |
| NAME OF REQUESTING EMPLOYEE  (Signature over Printed Name) | IMMEDIATE SUPERIOR  (Signature over Printed Name) | | HUMAN RESOURCES MANAGER  (Signature over Printed Name) | |
|  |  | |  | |





REV. 01 / 01-29-2020

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMPLOYEE NAME: | | DATE OF APPLICATION: | | |
| POSITION: | | EMPLOYEE NO.: | | |
| |  |  | | --- | --- | |  |  |   DATE OF OVERTIME:     |  |  | | --- | --- | |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   M M D D Y Y Y Y  REGULAR DAY  HOLIDAY  REST DAY/ SPECIAL DAY | | REST DAY/ DAY OFF: | | |
| WORK SCHEDULE: | IN: | OUT: |
| DURATION OF OVERTIME WORK: | FROM: | TO: |
| APPROVED NUMBER OF OT HOURS:  (To be filled out by superior) | | |
| REASON(S) FOR OVERTIME: | | | | |
| REQUESTING DEPARTMENT:  ENG’G/DC/BD/ICG/FIN/ADMIN/HR/PROJECT | RECOMMENDED BY: | | APPROVED BY: | |
| NAME OF REQUESTING EMPLOYEE  (Signature over Printed Name) | IMMEDIATE SUPERIOR  (Signature over Printed Name) | | HUMAN RESOURCES MANAGER  (Signature over Printed Name) | |
|  |  | |  | |