

EMPLOYEE NAME					DATE FILED				
POSITION					ACCOUNT				
DEPARTMENT		DATE OF OT RENDERED		TIME START		TIME END		TOTAL NO OF HOURS	
REASON									
ENDORSED BY			RECOMMENDED BY			APPROVED BY			
<div>Immediate Superior <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>			<div>Department Director <small>(Signature over Printed Name)</small></div> <div>DATE SIGNED:</div>			<div>PRESIDENT / VICE-PRESIDENT</div> <div>DATE SIGNED:</div>			
REASON FOR DISAPPROVAL:						REASON FOR DISAPPROVAL:			

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