

OVERTIME AUTHORIZATION

HRD DEPARTMENT

					HRD DEPARTMENT
OAF #:					
EMPLOYEE NAME:				DATE FILED:	
DEPARTMENT:				ACCOUNT:	
DATE OF OT RENDERED:		Time Start:	Time End:	TOTAL NO OF HOURS:	
REASON:					
	RECOMMENDIN	IG APPROVAL			FINAL APPROVAL
	RECOMMENDIN	IG APPROVAL			FINAL APPROVAL
	RECOMMENDIN	IG APPROVAL		APPROVED	FINAL APPROVAL
	RECOMMENDIN	· · ·		△ APPROVED✓ DISAPPROVED	FINAL APPROVAL
Team Leade	er	Immediate	e Superior		KATHLEEN REYES, MHM, DBA
(Signature over Print	er ed Name)	Immediate (Signature over	e Superior Printed Name)	DISAPPROVED	<u> </u>
(Signature over Print	er ed Name)	Immediate	e Superior Printed Name)	DISAPPROVED DATE SIGNED:	KATHLEEN REYES, MHM, DBA Chief Operating Officer
(Signature over Print	er ed Name)	Immediate (Signature over	e Superior Printed Name)	DISAPPROVED	KATHLEEN REYES, MHM, DBA Chief Operating Officer
(Signature over Print	er ed Name)	Immediate (Signature over	e Superior Printed Name)	DISAPPROVED DATE SIGNED:	KATHLEEN REYES, MHM, DBA Chief Operating Officer
(Signature over Print	er ed Name)	Immediate (Signature over	e Superior Printed Name)	DISAPPROVED DATE SIGNED:	KATHLEEN REYES, MHM, DBA Chief Operating Officer
(Signature over Print DATE SIGNED: REASON FOR DISAPPR	er ed Name)	Immediate (Signature over	e Superior Printed Name)	DISAPPROVED DATE SIGNED:	KATHLEEN REYES, MHM, DBA Chief Operating Officer
(Signature over Print	er ed Name)	Immediate (Signature over	e Superior Printed Name)	DISAPPROVED DATE SIGNED:	KATHLEEN REYES, MHM, DBA Chief Operating Officer



OVERTIME AUTHORIZATION FORM

HRD DEPARTMENT

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OAF #:								
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DATE OF OT RENDERED:		Time Start:	Time End:		TOTAL NO OF HOURS:			
REASON:						'		
RECOMMENDING APPROVAL					FINAL APPROVAL			
					APPROVED			
					DISAPPROVED			
Team Leader	(Immediate S	uperior	,,,		KATHLEEN REYES, MHM, DBA		
(Signature over Printed Name) (Signature DATE SIGNED: DATE SIGNED		-	ignature over Printed Name)			Chief Operating Officer DATE SIGNED:		
REASON FOR DISAPPROVAL:					REASON FOR DISAPPROVAL:			