

EMPLOYEE NAME					CUTOFF FILED			
POSITION								
DATE	LOCATION	EXPECTED TIME START	REASON			EXPECTED TIME END	NO OF HOURS	NO OF OFF-SET HOURS
PREPARED BY		RECOMMENDED BY		CLEARED BY		APPROVED BY		
<div>Employee's Signature</div> <div>(Signature over Printed Name)</div> <div>DATE SIGNED:</div>		<div>Immediate Superior</div> <div>(Signature over Printed Name)</div> <div>DATE SIGNED:</div>		<div>HR Department</div> <div>(Signature over Printed Name)</div> <div>DATE SIGNED:</div>		<div>KATHLEEN REYES, MHM, DBA</div> <div>Chief Operating Officer</div> <div>DATE SIGNED:</div>		