

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>HR Director</div> <div>DATE SIGNED:</div>				
REASON FOR DISAPPROVAL:						REASON FOR DISAPPROVAL:				

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