

OVERTIME

							HRD DEPARTMENT			
EMPLOYEE NAME:		DATE FILE		ED:						
POSITION:		ACCOUNT		IT:						
DEPARTMENT:		DATE OF OT RENDERED:		TIME START:		TIME END:	TOTAL NO OF HOURS:			
REASON:				•	,					
ENDORSED BY:		RECOMMENDED BY:			APPROVED BY:					
Approved	Disapproved	Approved	◯ Di	sapproved	ОАр	proved	☐ Disapproved			
Immediate	Superior	Department Director (Signature over Printed Name)			KATHLEEN REYES, MHM, DBA					
Immediate Superior (Signature over Printed Name) DATE SIGNED:		(Signature over Printed Name) DATE SIGNED:			Chief Operating Officer DATE SIGNED:					
REASON FOR DISAPPROVAL:							REASON FOR DISAPPROVAL:			
BMI-FORM-HRD-002										
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							FORM			
MEDICAL INSTRUMENTS							I OKW			



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Immediate (Signature over Pr	Superior	Department Director			KATHLEEN REYES, MHM, DBA		
	rinted Name)	(Signature over Printed Name) DATE SIGNED:			Chief Operating Officer DATE SIGNED:		
DATE SIGNED: REASON FOR DISAPPR	10\/A1 ·		REASON FOR DISAPPROVAL:				
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