

OVERTIME FORM

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							HRD DEPARTMENT	
EMPLOYEE NAME:				DATE FIL	ED:			
POSITION:				ACCOUN	IT:			
DEPARTMENT:		DATE OF OT RENDERED:		TIME START:		TIME END:	TOTAL NO OF HOURS:	
REASON:				•				
ENDORSED BY:		RECOMMENDED BY:			APPROVED BY:			
Approved	Disapproved	Approved	○ Dis	approved	ОАр	proved	○ Disapproved	
					KATHLEEN REYES, MHM, DBA			
Immediate Superior (Signature over Printed Name)		Department Director (Signature over Printed Name)			Chief Operating Officer			
DATE SIGNED:		DATE SIGNED:			DATE SIGNED:			
REASON FOR DISAPPR	ROVAL:	REASON FOR DISAPPROVAL:						
BMI-FORM-HRD-010								
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Bios	ita						OVERTIME	
							FORM	
MEDICAL INSTR	UMENTS						FORIVI	



HRD DEPARTMENT

EMPLOYEE NAME:				DATE FII	LED:			
POSITION:				ACCOU	NT:			
DEPARTMENT:		DATE OF OT RENDERED:		TIME START:	TIME END:	TOTAL NO OF HOURS:		
REASON:						oo		
ENDORSED BY:		RECOMMENDED BY:			APPROVED BY:			
Approved	Disapproved	Approved	◯ Di	isapproved	Approved	Disapproved		
Immediate Su (Signature over Printe	perior	Department Director (Signature over Printed Name)			KATHLEEN REYES, MHM, DBA Chief Operating Officer			
DATE SIGNED:		DATE SIGNED:			DATE SIGNED:			
REASON FOR DISAPPRO	VAL:		REASON FOR DISAPPROVAL:					
L BMI-FORM-HRD-010								