

## OVERTIME FORM

## **HUMAN RESOURCES DEPARTMENT**

EMPLOYEE NAME				DATE F	ILED				
POSITION				ACCOL	JNT				
DEPARTMENT		DATE OF OT RENDERED		TIME START		TIME END		TOTAL NO OF HOURS	
REASON									
ENDORSED BY		RECOMMENDED BY		APPR	APPROVED BY				
Immediate (Signature over F	Superior Printed Name)		epartment Director (Signature over Printed Name)		DATE SI	SNED:	HR Dir	rector	
Immediate (Signature over F DATE SIGNED: REASON FOR DISAPPR		DATE SIGNED:	epartment Director (Signature over Printed Name)		DATE SIG		HR Dir		
DATE SIGNED:			epartment Director (Signature over Printed Name)						

BMI-FORM-HRD-011



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EMPLOYEE NAME			DATE FILE	:D				
POSITION		ACCOUN		Г				
DEPARTMENT		DATE OF OT RENDERED	TIME START		IME TOTAL NO OF HOURS			
REASON				·				
ENDORSED BY		RECOMMENDED BY		APPROVED BY				
		5			UD D:			
Immediate : (Signature over Pr	Superior inted Name)	Department Director (Signature over Printed Name)  DATE SIGNED:		DATE SIGNED:	HR Director			
REASON FOR DISAPPROVAL:					REASON FOR DISAPPROVAL:			