

EMPLOYEE NAME											
POSITION		DATE OF UNDERTIME		M	M	D	D	Y	Y	Y	Y
DEPARTMENT		TIME OUT									
SCHEDULE DUTY HOURS		<input type="checkbox"/> AM <input type="checkbox"/> PM	NO OF UNDERTIME		(hours)						
REASONS											
PREPARED BY		ENDORSED BY									
Employee's Signature (Signature over Printed Name)		Immediate Superior (Signature over Printed Name) DATE SIGNED:									
CLEARED BY		APPROVED BY									
HRD Department (Signature over Printed Name) DATE SIGNED:		HR Director DATE SIGNED:									

BMI-FORM-HRD-013

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