

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><div><input type="radio"/> Approved</div><div><input type="radio"/> Disapproved</div></div>		<div><div><input type="radio"/> Approved</div><div><input type="radio"/> Disapproved</div></div>		<div><div><input type="radio"/> Approved</div><div><input type="radio"/> Disapproved</div></div>
Immediate Superior <small>(Signature over Printed Name)</small>		Department Director <small>(Signature over Printed Name)</small>		KATHLEEN REYES, MHM, DBA Chief Operating Officer
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:
REASON FOR DISAPPROVAL:		REASON FOR DISAPPROVAL:		

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