

UNDERTIME **FORM**

Biosite

UNDERTIME FORM

HUMAN RESOURCES DEPARTMENT

HUMAN RESOURCES DEPARTMENT

EMPLOYEE NAME											
POSITION			DATE OF UNDERTIME	М	М	D	D	Υ	Υ	Υ	Υ
DEPARTMENT			TIME OUT								
SCHEDULE DUTY HOURS	АМРМ		NO OF UNDERTIME	(hours)							
REASONS											
PREPARED BY	ENDOI	ENDORSED BY									
Employee's Signature			Immediate Superior								
Employee's Signature (Signature over Printed Name)			(Signature over Printed Name) DATE SIGNED:								
CLEARED BY			APPROVED BY								
HRD Department (Signature over Printed Name)			HR Director								
DATE SIGNED: BMI-FORM-HRD-013			SNED:								\Box

EMPLOYEE NA	ME							
POSITION				DATE OF UNDERTIME	M M D D Y Y	ΥΥ		
DEPARTMENT				TIME OUT				
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REASONS								
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PREPARED BY			ENDOR	(SED BY				
Employee's Signature (Signature over Printed Name)		Immediate Superior (Signature over Printed Name)						
(Signature over Frinted Name)		DATE SIGNED:						
CLEARED BY			APPRO'	VED BY				
HRD Department (Signature over Printed Name)		HR Director						
(Signature of	over Frinted Nai	mej	DATE SIG	NED.				
DAIL SIGNED:	ATE SIGNED:		DATE SIGNED:					

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POSITION				DATE OF UNDERTIME	M M D D Y Y Y Y		
DEPARTMENT				TIME OUT			
SCHEDULE DU HOURS	TY	АМРМ		NO OF UNDERTIME	(hours)		
REASONS							
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PREPARED BY			ENDORSED BY				
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Employe (Signature of	e's Signa over Printed Na	ture	Immediate Superior (Signature over Printed Name)				
(Signature over Filities (Valite)			DATE SIGNED:				
CLEARED BY			APPROVED BY				
HRD Department		HR Director					
HRD Department (Signature over Printed Name)							
DATE SIGNED:			DATE SIG	NED:			
MI EOPM HPD 013							

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EMPLOYEE NAME									
POSITION			DATE OF UNDERTIME	M M D D Y Y Y					
DEPARTMENT			TIME OUT						
SCHEDULE DUTY HOURS	АМРМ		NO OF UNDERTIME	(hours)					
REASONS									
PREPARED BY	ENDORSED BY								
Francisco de Siematrona		Immediate Superior							
Employee's Signature (Signature over Printed Name)		(Signature over Printed Name)							
CLEARED BY	DATE SIGNED:								
CLEARED BY		APPROVED BY							
UPD Domontonout		HR Director							
HRD Departme (Signature over Printed Nat	nk Director								
DATE SIGNED:		DATE SIG	NED:						

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