

OFFSET FORM

HUMAN RESOURCES DEPARTMENT

EMPLOYEE NAME						CUTOFF FILED					
POSITION											
DATE	LOC	ATION	EXPECTED TIME START		REASON			EXPECTED TIME END	NO OF HOURS	NO OF OFF- SET HOURS	
PREPARED BY		RECOMMENDED BY CLEARED		CLEARED BY		APPROVED BY					
Employee's Signature (Signature over Printed Name)			Immediate Superior (Signature over Printed Name)		HR Department (Signature over Printed Name)			PRESIDENT / VICE-PRESIDENT			
DATE SIGNED: BMI-FORM-HRD-014			DATE SIGNED: DATE SIGN		DATE SIGNED:			DATE SIGNED:			



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