

## OFFSET FORM

## **HUMAN RESOURCES DEPARTMENT**

EMPLOYEE NAME						CUTOFF FILED				
EIVIPLOTEE IVAIVIE		COTOFF 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 BY		APPROVED BY				
Employee's Signature (Signature over Printed Name)			Immediate Superior (Signature over Printed Name)		HR (Signat	HR Department (Signature over Printed Name)		HR Director		
DATE SIGNED:			DATE SIGNED: DATE SI		DATE SIGNED:		DATE SIGNED:			



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PREPARED BY		RECOMMENDED BY		CLEARED BT		AFFROVED BT	AFFROVED BI			
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DATE SIGNED: BMI-FORM-HRD-014			1		DATE SIGNED:		DATE SIGNED	DATE SIGNED:		