

### UNDERTIME **FORM**

**Biosite** 

#### **UNDERTIME FORM**

HUMAN RESOURCES DEPARTMENT

# HUMAN RESOURCES DEPARTMENT

EMPLOYEE NAME						EMPLOYEE NAME						
POSITION	OSITION		DATE OF M M D D Y Y Y Y Y UNDERTIME		Y	POSITION		DATE OF M M D D Y Y UNDERTIME				
DEPARTMENT		TIME O	UT			DEPARTMENT			TIME OUT			
SCHEDULE DUTY HOURS	AM	PM NO OF UNDER		(hours)		SCHEDULE DUTY HOURS	AM	PM	NO OF UNDERTIME	(hours)		
REASONS						REASONS						
PREPARED BY		ENDORSED BY				PREPARED BY		ENDOR	SED BY			
Employee's Signature (Signature over Printed Name)		Immediate Superior (Signature over Printed Name) DATE SIGNED:				Employee's Signature (Signature over Printed Name)			Immediate Superior (Signature over Printed Name) DATE SIGNED:			
CLEARED BY APPF		APPROVED BY	ROVED BY			CLEARED BY			APPROVED BY			
HRD Departmel (Signature over Printed Nandate SIGNED: MI-FORM-HRD-013	<b>nt</b>	PRESIDENT	/ VIC	E-PRESIDENT		HRD Departme (Signature over Printed Nar DATE SIGNED: BMI-FORM-HRD-013	<b>nt</b> ne)	PRE DATE SIG	SIDENT / VIC	E-PRESI	DENT	



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POSITION			DATE OF UNDERTIME	М	M D	D	Υ	Υ	ΥΥ	
DEPARTMENT			TIME OUT							
SCHEDULE DUTY HOURS	АМ _	PM	NO OF UNDERTIME	(hours)						
REASONS										
PREPARED BY	ENDORSED BY									
Employee's Signature (Signature over Printed Name)			Immediate Superior (Signature over Printed Name)							
(Signature over Printed N	(Signature over Printed Name) DATE SIGNED:									
CLEARED BY	APPROVED BY									
HRD Departm	ent	PRF	SIDENT / VIC	E-P	PRF	SID	Εľ	NT		
(Signature over Printed N	lame)									
DATE SIGNED:	DATE SIGNED:									
BMI-FORM-HRD-013										

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						
Employee's Signature (Signature over Printed Name)			Immediate Superior					
(Signature over Printed Name)			(Signature over Printed Name)  DATE SIGNED:					
CLEARED BY		APPROVED BY						
HRD Departme (Signature over Printed Nar	nt me)	PRESIDENT / VICE-PRESIDENT						
DATE SIGNED:		DATE SIG	GNED:					

BMI-FORM-HRD-013