

UNDERTIME
FORM

HRD DEPARTMENT

EMPLOYEE NAME:											
POSITION:		DATE OF UNDERTIME:		M	M	D	D	Y	Y	Y	Y
DEPARTMENT:		TIME OUT:									
SCHEDULE DUTY HOURS:		<input type="checkbox"/> AM <input type="checkbox"/> PM	NO OF UNDERTIME:		(hours)						
REASONS:											
EMPLOYEE'S SIGNATURE:		ENDORSED BY:									
		<input type="radio"/> Approved <input type="radio"/> Disapproved									
(Signature over Printed Name)		Immediate Superior (Signature over Printed Name)									
Cleared By:		APPROVED BY:									
<input type="radio"/> Approved <input type="radio"/> Disapproved		<input type="radio"/> Approved <input type="radio"/> Disapproved									
HRD Department (Signature over Printed Name)		KATHLEEN REYES, MHM, DBA Chief Operating Officer									
DATE SIGNED:		DATE SIGNED:									

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