

UNDERTIME FORM

Biosite
MEDICAL INSTRUMENTS

UNDERTIME FORM

WILDICAL INSTRUM	LIVIS		HRD DEPARTMENT	WILDICALINGTROW	ILIVIO		HRD DEPARTMENT	
EMPLOYEE NAME:				EMPLOYEE NAME:				
POSITION:		DATE OF M M D D Y Y Y Y Y UNDERTIME:		POSITION:		DATE OF UNDERTIM	E: M M D D Y Y Y Y	
DEPARTMENT:		TIME OUT:		DEPARTMENT:		TIME OUT:		
SCHEDULE DUTY HOURS:	AM	PM NO OF UNDERTIM	(hours)	SCHEDULE DUTY HOURS:	AM _	PM NO OF UNDERTIM	(hours)	
REASONS:				REASONS:				
EMPLOYEE'S SIGNATURE:		ENDORSED BY:		EMPLOYEE'S SIGNATURE:		ENDORSED BY:		
		Approved	○ Disapproved			Approved	Disapproved	
		Immediate	Superior			Immediate	Superior	
(Signature over Printed Name)		(Signature over Printed Name)		(Signature over Printed Name)		(Signature over Printed Name) DATE SIGNED:		
CLEARED BY:		DATE SIGNED: APPROVED BY:		CLEARED BY:		APPROVED BY:		
	Disapproved	Approved	○ Disapproved		Disapproved	Approved	Disapproved	
HR Department (Signature over Printed Name) DATE SIGNED:		KATHLEEN REYES, MHM, DBA Chief Operating Officer DATE SIGNED:		HR Department (Signature over Printed Name) DATE SIGNED:		KATHLEEN REYES, MHM, DBA Chief Operating Officer DATE SIGNED:		
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DEPARTMENT:			TIME OUT:					
SCHEDULE DUTY HOURS:	АМ _	РМ	NO OF UNDERTIN	(hours)				
REASONS:								
EMPLOYEE'S SIGNATURE:	EMPLOYEE'S SIGNATURE:							
		○ Ap	proved	○ Disapproved				
			Immediate Superior (Signature over Printed Name)					
(Signature over Printed Nam	e)	DATE S	SIGNED:					
CLEARED BY:			APPROVED BY:					
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		KATHLEEN REYES, MHM, DBA						
HR Departmer	it	Chief Operating Officer						
DATE SIGNED:			DATE SIGNED:					

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EMPLOYEE NAME:								
POSITION:			DATE OF UNDERTIME:	M M D	D Y	YY	Y	
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EMPLOYEE'S SIGNATURE:	ENDORSED BY:							
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CLEARED BY:	APPROV							
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HR Departmen (Signature over Printed Nar	Chief Operating Officer							
DATE SIGNED:	DATE SIGNED:							

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