

## 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 BY		APPROVED BY	APPROVED BY			
Employee's Signature (Signature over Printed Name)			Immediate Superior (Signature over Printed Name)		<b>HR</b> (Signa	Department ture over Printed Name)	<b>KATHLEI</b> Chie	KATHLEEN REYES, MHM, DBA Chief Operating Officer		
DATE SIGNED:					DATE SIGNED:			:		
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(Signature over Printed Name)  DATE SIGNED:			(Signature over Printed Name)  DATE SIGNED:				DATE SIGNED:			
BMI-FORM-HRD-0			DATE SIGNED: DATE SIGNED:					DATE SIGNED:		