

EMPLOYEE NAME				CUTOFF FILED		
POSITION						
DATE	LOCATION	EXPECTED TIME START	REASON	EXPECTED TIME END	NO OF HOURS	NO OF OFF-SET HOURS
PREPARED BY		RECOMMENDED BY		CLEARED BY		APPROVED BY
<p style="text-align: center;">Employee's Signature <i>(Signature over Printed Name)</i></p> <p>DATE SIGNED:</p>		<p style="text-align: center;">Immediate Superior <i>(Signature over Printed Name)</i></p> <p>DATE SIGNED:</p>		<p style="text-align: center;">HR Department <i>(Signature over Printed Name)</i></p> <p>DATE SIGNED:</p>		<p style="text-align: center;">KATHLEEN REYES, MHM, DBA Chief Operating Officer</p> <p>DATE SIGNED:</p>

BMI-FORM-HRD-014

[illegible]

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