

Biosite

MEDICAL INSTRUMENTS

UNDERTIME FORM

HUMAN RESOURCES DEPARTMENT

EMPLOYEE NAME			
POSITION		DATE OF UNDERTIME	
DEPARTMENT		TIME OUT	
SCHEDULE DUTY HOURS	<input type="checkbox"/> AM <input type="checkbox"/> PM	NO OF UNDERTIME	(hours)
REASONS			
PREPARED BY	ENDORSED BY		
Employee's Signature (Signature over Printed Name)	Immediate Superior (Signature over Printed Name) DATE SIGNED:		
CLEARED BY	APPROVED BY		
HRD Department (Signature over Printed Name) DATE SIGNED:	Finance & Accounting Director (Signature over Printed Name) DATE SIGNED:		