

UNDERTIME FORM

Biosite MEDICAL INSTRUMENTS

UNDERTIME

HUMAN RESOURCES DEPARTMENT

HUMAN RESOURCES DEPARTMENT

EMPLOYEE NAME				EMPLOYEE NA	ME						
POSITION		DATE OF UNDERTIME	M M D D Y Y Y Y	POSITION				DATE OF UNDERTIME	M M D D Y Y Y		
DEPARTMENT		TIME OUT		DEPARTMENT				TIME OUT			
SCHEDULE DUTY HOURS	АМ	PM NO OF UNDERTIME	(hours)	SCHEDULE DU HOURS	TY	МА	РМ	NO OF UNDERTIME	(hours)		
REASONS				REASONS							
PREPARED BY		ENDORSED BY		PREPARED BY		ENDOF	ENDORSED BY				
Employee's Signature (Signature over Printed Name)		Immediate Superior (Signature over Printed Name) DATE SIGNED:		Employee's Signature (Signature over Printed Name)			Immediate Superior (Signature over Printed Name) DATE SIGNED:				
CLEARED BY		APPROVED BY		CLEARED BY			APPRO	APPROVED BY			
		KATHLEEN REYES, MHM, DBA Chief Operating Officer DATE SIGNED:		HRD Department (Signature over Printed Name) DATE SIGNED:			KATHLEEN REYES, MHM, DBA Chief Operating Officer DATE SIGNED:				
MI-FORM-HRD-013				BMI-FORM-HRD-013							

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CLEARED BY	APPROVED BY											
HRD Department (Signature over Printed Name)			KATHLEEN REYES, MHM, DBA Chief Operating Officer									
DATE SIGNED:			DATE SIGNED:									
BMI-FORM-HRD-013												

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Employee's Signature (Signature over Printed Name)			(Signature over Printed Name)								
	DATE SIGNED:										
CLEARED BY	APPRO'	VED BY									
			KATHLEEN REYES, MHM, DBA								
HRD Departme	nţ	Chief Operating Officer									
(Signature over Printed Nat	me <i>j</i>	DATE SIGNED:									

BMI-FORM-HRD-013