

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 B	APPROVED BY			
Employee's Signature (Signature over Printed Name)			Immediate Superior (Signature over Printed Name)		HR Department (Signature over Printed Name)		Finance	Finance & Accounting Director (Signature over Printed Name)		
DATE SIGNED:			DATE SIGNED: DATE SIGN		DATE SIGNED:	DATE SIGNED:				



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DATE SIGNED: BMI-FORM-HRD-014					DATE SIGNED:		DATE SIGNED:			