

UNDERTIME FORM

UNDERTIME **FORM**

WEDICAL WORKSW	2.11.0		Н	RD DEPARTMENT		(0)1121110		H	IRD DEPARTMENT
EMPLOYEE NAME:					EMPLOYEE NAME:				
POSITION:			ATE OF	M M D D Y Y Y Y	POSITION:			DATE OF UNDERTIME	M M D D Y Y Y
DEPARTMENT:			IME OUT:		DEPARTMENT:			TIME OUT:	
SCHEDULE DUTY HOURS:	AM		IO OF	(hours)	SCHEDULE DUTY HOURS:	АМ [PM	NO OF UNDERTIME	(hours)
REASONS:					REASONS:				
EMPLOYEE'S SIGNATURE:		ENDORSED BY:			EMPLOYEE'S SIGNATURE:	ENDORSED BY:			
		Appro	oved	Disapproved			○ Apr	oroved	Disapproved
		Immediate Superior (Signature over Printed Name)				Immediate Superior (Signature over Printed Name)			
(Signature over Printed Name)		DATE SIGNED:			(Signature over Printed Name)		DATE SIGNED:		
CLEARED BY:		APPROVED BY:			CLEARED BY:	APPROVED BY:			
Approved	Disapproved	Appr	roved	Disapproved	Approved	Disapproved	Apı	oroved	Disapproved
HR Departmen	nt			S, MHM, DBA	HR Depart (Signature over Prin	tment			ES, MHM, DBA
(Signature over Printed Name) DATE SIGNED:		Chief Operating Officer			(Signature over Prin	Chief Operating Officer			
SMI-FORM-HRD-012	'		-		BMI-FORM-HRD-012				
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Biosit MEDICAL INSTRUM			UN	DERTIME FORM	Bios MEDICAL INSTE			UN	DERTIME FORM
			Н	RD DEPARTMENT				Н	IRD DEPARTMENT
EMPLOYEE NAME:					EMPLOYEE NAME:				
		D	ATE OF	MMDDYYY				DATE OF	MMDDYYY



Chief Operating Officer

DATE SIGNED:

HR Department

DATE SIGNED:

BMI-FORM-HRD-012

			Н	RD DEPARTMENT		
EMPLOYEE NAME:						
POSITION:			DATE OF UNDERTIME	M M D D Y Y Y Y		
DEPARTMENT:			TIME OUT:			
SCHEDULE DUTY HOURS:	АМРМ		NO OF UNDERTIME	(hours)		
REASONS:						
EMPLOYEE'S SIGNATURE:		FNIDOR	SED BY:			
EMPLOTEE 3 SIGNATURE.		_	O Discourance of			
			proved	○ Disapproved		
	Immediate Superior					
		(Signature over Printed Name)				
(Signature over Printed Nan	ne)	DATE SIGNED:				
CLEARED BY:		APPRO'	VED BY:			
○ Approved ○ I	Disapproved		proved	○ Disapproved		
		16.5	FILL FEAL DEX	C 141114 DD:		
HR Departme	nt	KATHLEEN REYES, MHM, DBA				
(Signature over Printed Na	ime)	Chief Operating Officer				
DATE SIGNED:		DATE SIGNED:				

BMI-FORM-HRD-012