

## OVERTIME

## **HUMAN RESOURCES DEPARTMENT**

| EMPLOYEE NAME  |  |   |  | DATE FILED    |                         |                                       |  |                      |  |
|--|--|---|--|---------------|-------------------------|---------------------------------------|--|----------------------|--|
| POSITION   |  |   |  | ACCOUNT       |                         |                                       |  |                      |  |
| DEPARTMENT   |  | DATE OF OT RENDERED   |  | TIME<br>START |                         | TIME<br>END                           |  | TOTAL NO<br>OF HOURS |  |
| REASON   |  |   |  |               |                         |                                       |  |                      |  |
|  |  |   |  |               |                         |                                       |  |                      |  |
|  |  |   |  |               |                         |                                       |  |                      |  |
|  |  |   |  |               |                         |                                       |  |                      |  |
|  |  |   |  |               |                         |                                       |  |                      |  |
| ENDORSED BY  |  | RECOMMENDED BY  |  |               | APPR                    | APPROVED BY                           |  |                      |  |
|  |  |   |  |               |                         |                                       |  |                      |  |
|  |  |   |  |               |                         |                                       |  |                      |  |
|  |  | Demonstrate Director  |  |               |                         | KATHLEEN REYES, MHM, DBA              |  |                      |  |
| Immediate Superior (Signature over Printed Name)  DATE SIGNED: |  | Department Director (Signature over Printed Name)  DATE SIGNED: |  |               | DATE SIG                | Chief Operating Officer  DATE SIGNED: |  |                      |  |
| REASON FOR DISAPPROVAL:  |  |   |  |               | REASON FOR DISAPPROVAL: |                                       |  |                      |  |
|  |  |   |  |               |                         |                                       |  |                      |  |
| BMI-FORM-HRD-011   |  |   |  |               |                         |                                       |  |                      |  |

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## OVERTIME FORM

## **HUMAN RESOURCES DEPARTMENT**

| EMPLOYEE NAME                                       |   | DATE FILED              |                         |                      |  |  |
|---|---|-------------------------|-------------------------|----------------------|--|--|
| POSITION  |   | ACCOUNT                 |                         |                      |  |  |
| DEPARTMENT  | DATE OF OT RENDERED                               | TIME<br>START           | TIME<br>END             | TOTAL NO<br>OF HOURS |  |  |
| REASON  |   |                         |                         |                      |  |  |
|   |   |                         |                         |                      |  |  |
|   |   |                         |                         |                      |  |  |
|   |   |                         |                         |                      |  |  |
|   |   |                         |                         |                      |  |  |
| ENDORSED BY   | RECOMMENDED BY                                    | A                       | APPROVED BY             |                      |  |  |
|   |   |                         |                         |                      |  |  |
|   |   |                         |                         |                      |  |  |
| Immediate Superior                                  | Department Director                               |                         |                         | EYES, MHM, DBA       |  |  |
| Immediate Superior<br>(Signature over Printed Name) | Department Director (Signature over Printed Name) |                         | Chief Operating Officer |                      |  |  |
| DATE SIGNED:  | DATE SIGNED:                                      |                         |                         | 201/41               |  |  |
| REASON FOR DISAPPROVAL:                             | R   | REASON FOR DISAPPROVAL: |                         |                      |  |  |