

EMPLOYEE NAME:		DATE FILED:			
POSITION:		ACCOUNT:			
DEPARTMENT:	DATE OF OT RENDERED:	TIME START:	TIME END:	TOTAL NO OF HOURS:	
REASON:					
ENDORSED BY:		RECOMMENDED BY:		APPROVED BY:	
<input type="radio"/> Approved <input type="radio"/> Disapproved		<input type="radio"/> Approved <input type="radio"/> Disapproved		<input type="radio"/> Approved <input type="radio"/> Disapproved	
Immediate Superior <small>(Signature over Printed Name)</small>		Department Director <small>(Signature over Printed Name)</small>		KATHLEEN REYES, MHM, DBA Chief Operating Officer	
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:	
REASON FOR DISAPPROVAL:		REASON FOR DISAPPROVAL:		REASON FOR DISAPPROVAL:	

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