

OVERTIME FORM

HUMAN RESOURCES DEPARTMENT

EMPLOYEE NAME				DATE F	ILED				
POSITION				ACCOUNT					
DEPARTMENT		DATE OF OT RENDERED		TIME START		TIME END		TOTAL NO OF HOURS	
REASON									
ENDORSED BY		RECOMMENDED BY			APPR	APPROVED BY			
			 .						
Immediate Superior (Signature over Printed Name) DATE SIGNED:		Department Director (Signature over Printed Name) DATE SIGNED:			DATE SIG	PRESIDENT / VICE-PRESIDENT DATE SIGNED:			
REASON FOR DISAPPROVAL:					REASON FOR DISAPPROVAL:				

BMI-FORM-HRD-011



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		_				PPECIP		
Immediate S (Signature over Print DATE SIGNED:		DATE SIGNED:	epartment Director (Signature over Printed Name)		DATE SIG		ENI / VICE	E-PRESIDENT
REASON FOR DISAPPROVAL:					REASON FOR DISAPPROVAL:			