

OAF #:						DATE FILED:	
EMPLOYEE NAME:						ACCOUNT:	
DEPARTMENT:						TOTAL NO OF HOURS:	
DATE OF OT RENDERED:		Time Start:		Time End:			
REASON:							
RECOMMENDING APPROVAL					FINAL APPROVAL		
Team Leader (Signature over Printed Name)		Immediate Superior (Signature over Printed Name)			<div><div><input type="radio"/> APPROVED</div><div><input type="radio"/> DISAPPROVED</div></div> <div>KATHLEEN REYES, MHM, DBA Chief Operating Officer</div>		
DATE SIGNED:		DATE SIGNED:			DATE SIGNED:		
REASON FOR DISAPPROVAL:					REASON FOR DISAPPROVAL:		

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