

## OVERTIME FORM

## **HUMAN RESOURCES DEPARTMENT**

EMPLOYEE NAME				DATE FIL	.ED			
POSITION				ACCOUN	NT			
DEPARTMENT		DATE OF OT RENDERED		TIME START		TIME END	TOTAL NO OF HOURS	
REASON								
					_			
ENDORSED BY		RECOMMENDED BY		APPR	APPROVED BY			
	Com anian					Finan	ice & Accounting Director	
Immediate Superior (Signature over Printed Name)  DATE SIGNED:		Department Director (Signature over Printed Name)  DATE SIGNED:		DATE SIG	Finance & Accounting Director (Signature over Printed Name)  DATE SIGNED:			
REASON FOR DISAPPROVAL:					REASO	REASON FOR DISAPPROVAL:		

BMI-FORM-HRD-011

**EMPLOYEE NAME** 



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## **HUMAN RESOURCES DEPARTMENT**

POSITION		ACCOUNT	
DEPARTMENT	DATE OF OT RENDERED	TIME START	TIME TOTAL NO OF HOURS
REASON			
ENDORSED BY	RECOMMENDED BY	API	PROVED BY
ENDORSED BY	RECOMMENDED BY	API	PROVED BY
ENDORSED BY	RECOMMENDED BY	API	PROVED BY
ENDORSED BY  Immediate Superior (Signature over Printed Name)	RECOMMENDED BY  Department Directo (Signature over Printed Name)		
		r	Finance & Accounting Director (Signature over Printed Name) SIGNED:
Immediate Superior (Signature over Printed Name)	Department Directo (Signature over Printed Name)	r DATE	Finance & Accounting Director (Signature over Printed Name)
Immediate Superior (Signature over Printed Name) DATE SIGNED:	Department Directo (Signature over Printed Name)	r DATE	Finance & Accounting Director (Signature over Printed Name) SIGNED:

DATE FILED