

## UNDERTIME FORM

Biosite MEDICAL INSTRUMENTS

## UNDERTIME FORM

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		HRD DEPARTMENT					HRD DEPARTMENT	
EMPLOYEE NAME:				EMPLOYEE NAME:				
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EMPLOYEE'S SIGNATURE:		ENDORSED BY:		EMPLOYEE'S SIGNATURE:		ENDORSED BY:		
		Approved	<ul><li>Disapproved</li></ul>			Approved	<ul><li>Disapproved</li></ul>	
		Immediate Superior (Signature over Printed Name)				Immediate Superior (Signature over Printed Name)		
(Signature over Printed Name	e)	DATE SIGNED:		(Signature over Printed Name)		DATE SIGNED:		
CLEARED BY:		APPROVED BY:		CLEARED BY:		APPROVED BY:		
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HRD Department (Signature over Printed Name) DATE SIGNED:		KATHLEEN REYES, MHM, DBA Chief Operating Officer DATE SIGNED:		HR Department (Signature over Printed Name) DATE SIGNED:		KATHLEEN REYES, MHM, DBA Chief Operating Officer DATE SIGNED:		
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		KATHLEEN REYES, MHM, DBA				
HR Departmer	it	Chief Operating Officer				
(Signature over Printed Name)  DATE SIGNED:			DATE SIGNED:			

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HP Donortmo	KATHLEEN REYES, MHM, DBA							
HR Department (Signature over Printed Name)			Chief Operating Officer					
DATE SIGNED:			DATE SIGNED:					

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