

NIPPON MICROMETAL CORPORATION PHILIPPINES

CUT OFF PERIOD _____

PAYROLL COMPLAINT FORM

EMP. NAME:	DEPT.:
EMP. ID:	SECTION:

TIMEKEEPING ADJUSTMENT

DATE		ABSENCES (DAY)	TARDY/ UNDERTIME (MINS)	OVERTIME (HOURS)	MEAL (DAYS)	TRANSP0 (DAYS)	OT MEAL	OT TRANSP0	DAY CODE	WORK SCHED	REASON OF ADJUSTMENT
1	16										
2	17										
3	18										
4	19										
5	20										
6	21										
7	22										
8	23										
9	24										
10	25										
11	26										
12	27										
13	28										
14	29										
15	30										
	31										

**encircle applicable DATE; DAY CODE : RWD-reg. working day/ RD-Rest Day/ SH-Special Holiday/ LH-Legal Holiday etc.*

**attach intranet/online approval*

OTHERS:

EMPLOYEE	DEPARTMENT HEAD	PAYROLL
Signature w/ Date	Signature w/ Date	Signature w/ Date

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