

UNDERTIME FORM

Name: _____

Date Prepared: _____

Department: _____

Position: _____

Details of Request:

Start Time:		End Time:		No. of Minutes :	
Reason:					
Remarks (<i>To be filled up by HR</i>)					

Requested by: _____

Date: _____

Checked by: _____

Date: _____

Approved by: _____

Date: _____