
	QM BUILDERS			
	Department: Human Resource		Request #:	
	Form Title: Overtime Request		OT Request Date:	

Project ID No:		Project Name:		Department:	
Name(s)	Position(s)	Time	Total No. of Hours	Job to finish	

Requested By:	Approved By:	Noted By:
Immediate Supevisor Date:	Department Manager/Top Mgt. Date:	HRD Manager Date:


HRD.FL09.00(03/24)

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