

OFFSETTING / CHANGE OF WORK SCHEDULE FORM

The Offsetting / Change of Work Schedule Form is used by full-time regular staff in accordance with company policy. Work can be rendered outside of the regular office hours (except Sundays) to offset absences or undertimes incurred due to emergency or health reasons, if approved by the Director or Chief Business Development Officer. The benefit of offsetting of work schedule can only be availed for a maximum of two (2) times in a month and must be completed within seven (7) business days from the time that the absence/undertime is incurred. Only employees with zero (0) time off credits can render work outside of the regular office hours to offset absences or undertimes. For detailed information regarding the administration of paid time off, refer to the Code of conduct and/or the Employee Handbook. For information on requesting a leave of absence contact the Human Resources Department.

Date of Request: Employee Name:

Please specify reasor		
(Note that the approval of this offset reques		
	ason provided)	
START Date and Time of Absence:	Date	Time
END Date and Time of Absence:	Date	Time
Total Number of Hours to	Compensate:	
Employee Signature:	DF WORK TO COMPENS.	
DATE (mm/dd/yyyy)	START TIME (hh:	
1 DATE (IIII/dd/yyyy)	START HIVE (IIII.I	Till) END TIME (III.IIIII)
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Immediate Supervisor	APPROVALS	le above. Make sure that no work is disrupted by
implementing the said schedule and that. If re Please check one: Approved Disapproved Remarks:	APPROVALS mployee's requested schedu evisions are required, please	
Immediate Supervisor Action Required: Please carefully review the e implementing the said schedule and that. If re Please check one: Approved Disapproved Remarks: Human Resources Department	APPROVALS mployee's requested schedu evisions are required, please Imme and c	ediate Supervisor Signature date signed:
Immediate Supervisor Action Required: Please carefully review the e implementing the said schedule and that. If re Please check one: Approved Disapproved Remarks:	APPROVALS mployee's requested schedulevisions are required, please Immediand of	return the form to the employee to revise. ediate Supervisor Signature
Immediate Supervisor Action Required: Please carefully review the e implementing the said schedule and that. If re Please check one: Approved Disapproved Remarks: Human Resources Department PayrollHero schedule updated	APPROVALS mployee's requested schedulevisions are required, please Immediand of	ediate Supervisor Signature date signed: an Resources Personnel Signature
Immediate Supervisor Action Required: Please carefully review the eimplementing the said schedule and that. If replease check one: Approved Disapproved Remarks: Human Resources Department PayrollHero schedule updated Remarks:	APPROVALS mployee's requested schedulevisions are required, please Immediand of	ediate Supervisor Signature date signed: an Resources Personnel Signature