

	Autho	rization For Overtime			
Employee Name: Position:		Date Filed: Branch:		_ _	
DATE	DEACON FOR OVERTIME	OVERTIME	NO OF HOURS	DENANDIC	
DATE	REASON FOR OVERTIME	IN OUT	NO. OF HOURS	REMARKS	
Cubmitted by			Approved by		
Submitted by:			Approved by:		
Employee Signat	ure Over Printed Name		Immediate Superior		
		MEATS CORPORATION orization For Overtime	4 VI	eg@meats corporation	
	:		iled:		
Position:		Branc	n:	_	
DATE	DEACON FOR OVERTIME	OVERTIME	NO OF HOURS	1	
DATE				REMARKS	
	REASON FOR OVERTIME	IN OUT	NO. OF HOURS	REMARKS	
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	REASON FOR OVERTIME	IN OUT	NO. OF HOURS	REMARKS	
Submitted by:	REASON FOR OVERTIME	IN OUT	Approved by:	REMARKS	
	ure Over Printed Name	IN OUT		REMARKS	