Unit :		<u></u>								
	OR PAYMENT FOR OVER									
for the period	from:	to								
Date	Employee Name	Reason for Overtime	Pre-Approved Time In Out		Unit Head Approval	HR Approval	Actual OT Done In Out	Total Hour/Min		
Date	Employee Name	iteasorrior Overtime	- ""	Jul	Дрріочаі	Арріочаі	III Out	Tiodi/iviiii		
				1						
Certified true,	correct and complete to my	/ best knowledge:		•						
7	Name and Signature of Unit Head				For HRO Use only: Reg OT Holiday OT Total No. of Minutes					
Note to Unit: This format must be properly filled out and submitted to the HRO no later than the 5th day of the month following the rendered overtime. Cut-off for inclusion in the payroll batch in process is the 10th and 25th of the month.				OT Rate/Hr Total Computed by: Checked by: Approved by:						
Please retai	n one acknowledge copy fo	r Unit's file								