



Colegio de San Juan de Letran
Human Resources Department
Intramuros, Manila

OVERTIME REQUEST AND ACCOMPLISHMENT REPORT FORM

Name : _____
Designation : _____

Date Filed : _____
Department : _____

A. OVERTIME REQUEST

Date / Day	Time	Calendar Day Classification	Reason/s for Overtime

Requested by:

Recommended by:

Approved by:

Employee

Department Head

Division Head

B. ACCOMPLISHMENT REPORT

Date	Time IN	Time OUT	Hours Rendered	Equivalent Amount	Accomplishment/s

Total:

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Prepared by:

Recommended by:

Approved by:

Employee

Department Head

Division Head