



STAFF ALLIANCE, INC.

4/F Vicente Madrigal Bldg., 6793 Ayala Avenue, Makati City
Trunkline/Fax: 814-0914 / 753-1002
E-mail: info@staff-alliance.com
Website: http://www.staff-alliance.com

OVERTIME AUTHORIZATION FORM

NAME: _____ POSITION: _____
CLIENT ASSIGNED TO: _____

DATE	TIME		O.T HRS	REASON FOR OVERTIME
	IN	OUT		

EMPLOYEE'S SIGNATURE

Noted by: CLIENT

Approved by: STAFF ALLIANCE

NOTE: SUBMIT IN TWO (2) COPIES OF O.T. FORM



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