



OVERTIME REQUISITION FORM

GLOBAL TRUSTEES' MULTI-PURPOSE COOPERATIVE

Name	:		Date	:	
Department	:		Store Outlet	:	

Date	Description of Work	From (Time)	To (Time)	Total No. of Hours	Remarks

Prepared by	:	Noted by	:	Approved by	:
	Signature Over Printed Name		Authorized Signature		Supervisor/General Manager
Date	:	Date	:	Date	:

GTMC-ORF-9/28/2015



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