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| https://lh3.googleusercontent.com/reozMTW3Nu3fWjYLJep4PbGj8vMa6c2Bah2mSjFi9qta77qfboBgDo-PCfgi2SnHOpG5B7t87dtCwV3w08ujngGZs3YYdH2pqbf4H4ETMFxXKHyTM3ZxBF1OXVcNqCpyfL7Qdmw_uZPrufcHlQ **UNDERTIME/HALFDAY AUTHORIZATION FORM** |
|  Control No.MHM091619-12 Revision No.000 Effective Date: Sept. 16, 2019 |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSITION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Purpose: |
| Date of Undertime: Time of Undertime- from: \_\_\_To: \_\_\_\_No. of Hours:\_\_\_\_\_\_\_\_\_\_  |
| Employee’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Immediate Superior : |

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