



HUMAN RESOURCE MANAGEMENT OFFICE

ATTENDANCE OVERRIDE FORM

Date of Filing: _____

For the month of _____, 20____

Name: _____ Designation: _____

Office / Department: _____ Official Time: _____

Regular Days: _____ Overtime / Evening: _____

Note: (Should be accomplished in duplicate copies)

An approved copy of this form should be submitted to the HRM Office before the end of the DTR period for the manual encoding of DTR entries.

DATE(s)	MORNING		AFTERNOON		EVENING		JUSTIFICATION
	IN	OUT	IN	OUT	IN	OUT	

 Signature over printed name

 Date accomplished

APPROVED:

 Dean / Head of Office