



**NATIONAL CENTER FOR MENTAL HEALTH  
HUMAN RESOURCE MANAGEMENT OFFICE  
CERTIFICATION OF OVERTIME RENDERED**

*HRMO Certification  
OT Rendered  
Rev. 3  
07 July 2022*

To: Human Resource Management Office

Date: \_\_\_\_\_

This is to certify that \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Name) (Emp. Number) (Position) (Local)  
 of \_\_\_\_\_ has rendered overtime on \_\_\_\_\_  
(Office / Section / Pavilion) (Date/s)  
 from \_\_\_\_\_ his / her present schedule / shift is \_\_\_\_\_  
(Time Started - Time Finished) (Shift)  
 \_\_\_\_\_  
(Day-Off)

Number of day/s applied:  \_\_\_\_\_  
(Date of Extra-Off)

\_\_\_\_\_  
(Employee Signature over Printed Name)  
 \_\_\_\_\_  
(Section Chief / Authorized Representatives)  
 \_\_\_\_\_  
(Chief of Service)

**Immediate Supervisor**  
(signature over Printed Name)



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