**REPORT ON EXTENDED SERVICES RENDERED**

**FOR THE PERIOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME:**  **OFFICE:** | | | **POSITION:** | | |
| PURPOSE:  1. | | | | | |
| DESCRIPTION OF OUTPUT | QUANTITY | | | WORKING HOURS | |
| Authorized | Actual | | Authorized | Actual |
|  |  |  | |  |  |

Submitted by: Approved:

Signature over Printed Name of Employee Immediate Supervisor