**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