Republic of the Philippines

**Department of Education**

Cordillera Administrative Region

**SCHOOLS DIVISION OF TABUK CITY**

City Hall Compound, Dagupan, Tabuk City, Kalinga

**Availment of Compensatory Time Off**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_

Printed Name of Employee

Permission is requested to avail of:

Compensatory Time Off

Date of Availment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compensatory Day Off

Date of Availment

No. of Hours \_\_\_ \_\_\_

From\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee

|  |  |
| --- | --- |
| **Certificate of Overtime Credits** | |
| Total No. of Hours Available |  |

Recommending Approval:

Approved:

**DOROTHY S. ASINGAL**

**Administrative Officer V**

****Republic of the Philippines

**Department of Education**

Cordillera Administrative Region

**SCHOOLS DIVISION OF TABUK CITY**

City Hall Compound, Dagupan, Tabuk City, Kalinga

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No. of Hours \_\_\_ \_\_\_

From\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee

|  |  |
| --- | --- |
| **Certificate of Overtime Credits** | |
| Total No. of Hours Available |  |

Recommending Approval:

Approved:

**DOROTHY S. ASINGAL**

**Administrative Officer V**