

IFUGAO STATE UNIVERSITY
Lamut, Ifugao

REQUEST FOR OVERTIME FORM

_____ Date

SERAFIN L. NGOHAYON, PhD
President, This University

Sir:
Pursuant to office policies, may I request authority for the following official/employees of this office to render overtime services on _____.

Name	Position/Designation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Tasks to Perform:

Justification for the overtime: (A short statement why the need for overtime.)

Very truly yours,

Recommending Approval for:

- Overtime with pay
- Overtime to be claimed as
Compensatory Time Off (CTO)
- Services rendered to be paid
As regular working day

Remarks:

Vice President/Campus Director/ Director

Approval/Disapproval for

- Overtime with pay
- Overtime to be claimed as
Compensatory Time Off (CTO)
- Services rendered to be paid as
Regular working day

Remarks:

Engr. LOINAZ D. DULAWAN
Chief Administrative Officer (Memo No. 55, s. 2014)