



University of the Philippines

OPEN UNIVERSITY

UPOU Headquarters, Los Baños, Laguna

PERMISSION TO STAY BEYOND OFFICIAL WORKING HOURS

Name: _____ Unit: _____

Inclusive Date/s: _____ Time: _____

Reason/s: _____

Approval/Disapproval of the Unit Head: _____

Noted:

(Signature)

VICTORIA T. CANAPE-BELEGAL

Head, CDMO

Note :

1. This form should be filled-up if the extension of working hours will be beyond 6:30 p.m., during regular days. The same form will be used if an employee will be working on Saturdays, Sundays and Holidays.
2. **To be prepared in 3 copies:** 1 will be given to CDMO; 1 for security guard; 1 will be retained to the unit concerned.

TO BE FILLED UP BY THE SECURITY GUARD ON DUTY

TIME IN : _____ TIME OUT : _____

REMARKS : _____ SIGNATURE _____



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Recommending Approval/Disapproval: _____

Noted:

(Signature)

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