

UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
College, Laguna

REQUEST TO REPORT FOR WORK

Date: _____

Staff who will render overtime service: _____

Office: _____

Position: _____

PSI Item No.: _____

Salary Grade: _____

Status of Appointment: _____

Source of Fund: _____

Period of overtime (Hour, Day, Month, Year):

Description of work to be rendered:

Justification (Why can't the work/job be performed during regular office hours/day?)

Requesting party (Name, Position & Signature): _____

RECOMMENDING APPROVAL:

Dept. Chair/Director/Chief

VC of Unit/ Dean of College

APPROVED¹/DISAPPROVED

Vice Chancellor for Administration

FN: OVCA/LTH/REQUEST-OT

This request should be submitted to the Office of the Vice Chancellor / Dean at least two days before actual render of overtime services. The form should be filed out completely and properly to merit action

Payment is subject to availability of funds of the requesting unit and existing government rules, regulations, accounting and auditing procedures.