|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Republic of the Philippines  **INSTITUTE FOR LABOR STUDIES**  General Luna St., Intramuros, Manila | | HR Services: Internal Leave Credit (ILC) Form Reference No.: | | | Revision No.: 00 Effectivity Date: |
| **INSTRUCTIONS**: Upon completion of this form, submit to HR Unit for computation of your remaining ILC or Compensatory Overtime Credits (COC). ILC/COC may be availed in blocks of four (4) or eight (8) hours for a maximum of 5 consecutive days. | | | | | | |
| Date Filed: | | **${date\_filed}** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant | |
| Name: | | **${name}** | | |
| Designation: | | **${designation}** | | |
| Number of Hours/Days applied for: | | | | **${no\_days} days** | | |
| Date of Availment for Compensatory Time-Off (CTO): | | | | **${inclusive\_dates}** | | |
| Certified Availability of ILS/COC by: (to be filled by HR Unit)  **${hr\_name}** *${hr\_position}*  Date Signed: | | | | **CERTIFICATION OF ILS/COC EARNED**   |  |  | | --- | --- | | Certification as of: |  | | Number of Hours Earned: |  | | Date of Last Certification: |  | | | |
| (to be filled out by the immediate supervisor)  [ ] Recommended  [ ] Not Recommended due to \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **${supervisor\_name}**  *${supervisor\_position}*  Date Signed: | | | | (to be filled out by the approving authority)  [ ] Recommended  [ ] Not Recommended due to \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **${signatory\_name}**  *${signatory\_position}*  Date Signed: | | |