

APPLICATION FOR AVAILMENT OF COMPENSATORY TIME-OFF		
Name: KYLE V. GAZA		Position: Computer Programmer I
Office: INFORMATION AND COMMUNICATIONS TECHNOLOGY OFFICE		Date of Filing: August 15, 2024
DETAILS OF APPLICATION		
Numbers of Hours Applied for 8		Inclusive Date/s August 16, 2024
AUTHORIZATION FOR COMPENSATORY TIME-OFF AVAILMENT		
This is to certify that the abovenamed employee is authorized to avail Compensatory Time-Off on the abovestated date/s.		
Department Head NOE A. LANA Signature Over Printed Name		Date Authorized:
HR ACTION		
Received By:		Date:
Certified in HRIS by:		Date: