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| 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 05, 2024 |
| DETAILS OF APPLICATION | | |
| Numbers of Hours Applied for 8 | | Inclusive Date/s August 5, 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: |