

APPLICATION FOR COMPENSATORY TIME - OFF			
OFFICE		NAME (Lastname) (Firstname) (M.I)	
DATE OF FILING	POSITION	MONTHLY SALARY	
NUMBER OF WORKING DAYS APPLIED FOR: _____		DAILY RATE	
INCLUSIVE DATES _____		_____ Signature of Applicant	
DETAILS OF APPLICATION			
CERTIFICATION OF EARNED CTO As of _____ No. of Days: _____ No. of Hours: _____		Recommendation <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ _____ HEAD OF OFFICE SIGNATURE	

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