| No. of Days: No. of Hours: HEAD OF OFFICE SIGNATURE APPLICATION FOR COMPENSATORY TIME - OFF | ΛΕ (Lastname) (Firstname) (Μ | .l) |
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| FOR: | | |
| Signature of Applicant | DAILY RATE | |
| Signature of Applicant DETAILS OF APPLICATION CERTIFICATION OF EARNED CTO As of No. of Hours: No. of Days: No. of Hours: APPLICATION FOR COMPENSATORY TIME - OFF OFFICE | | |
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| Approved | _ | |
| As of Disapproved due to | | |
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| CERTIFICATION OF EARNED CTO | | APPLICATION Recommendation Approved Disapproved due to HEAD OF OFFICE SIGNATURE PENSATORY TIME - OFF ME (Lastname) (Firstname) (M. MONTHLY SALARY DAILY RATE Signature of Applicant APPLICATION Recommendation Approved |

HEAD OF OFFICE SIGNATURE