

## TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES INDUSTRIAL RELATIONS AND JOB PLACEMENT **COLLEGE OF SCIENCE**



Ayala Blvd., Ermita, Manila, 1000, Philippines Tel. No. +632-301-3001 loc. 204 | Fax No. +632-521-4063 Email: <a href="mailto:tup@tup.edu.ph">tup@tup.edu.ph</a> | Website: www.tup.edu.ph

## SIT OVERTIME REQUEST FORM

This form shall be s	ubmitted and approve	ea at least on	e (1) w	еек ре	tore in	e actual overtime :	scheaule.	
I. TRAINEE INFORM	ATION							
Name:	Cyrus Nathaniel P. Flor	endo						
College: College of Science		ence ,	Dep	artme	nt: <u>Co</u>	mputer Studies		
Course:	■ BSCS	<b>☑</b> BSIS			<b>□</b> B	SIT		
SIT Coordinator: Prof. Peragrino Amador Jr.					Date	e of Request:		
II. OVERTIME DETA	LS							
Overtime Date:		to						
Request Overtime	Schedule:							
☐ After Office	e Work Hours		AM	PM	to	Α	M PM	
☐ Weekend Work			_ AM	РМ	to	A	M PM	
 ☐ Holiday W			- AM	PM	to		M PM	
•			_ `			<u> </u>		
Work Arrangemen		0.1 ( 5. 1 )						
Work-from-Home On-Site / Fieldwork Specify location:								
☐ Hybrid Specify: Days WFH and Days On-Site								
Purpose/Justification for Overtime:								
-								
III. PARENT/GUARDIAN CONSENT								
I hereby <b>give my full consent</b> for my child/ward to render overtime work as specified above. I understand that this overtime is requested for its purpose stated above and is subject to the company's policies on safety and supervision.  Parent/Guardian Name: Cheryl P. Florendo								
Relationship to Tra			Contact No.: 09561485592					
Signature:			Date:					
							<u> </u>	
IV. APPROVALS								
SIT Supervisor's Recommendation:				Department Head's Approval:				
☐ Approved ☐ Disapproved				Appro	ved	Disap	proved	
Remarks:			Remo	ırks:				
Signature	over printed name	Date	_	Sian	atura (	over printed name	 Date	
	•	Dale		Jigi i	<del>alole (</del>	over primed name	Dale	
V. ACKNOWLEDGE	EMENT & AGREEMENT							
		g proper doc	umento / Florendo	ation o	f work	done.	o comply with the	
i	Irainee's S	ianature over	nrintec	name	4	Date:		