



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

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**SIT OVERTIME REQUEST FORM**

This form shall be submitted and approved at least one (1) week before the actual overtime schedule.

**I. TRAINEE INFORMATION**

Name: Cyrus Nathaniel P. Florendo  
College: College of Science Department: Computer Studies  
Course: ☐ BSCS ☐ BSIS ☐ BSIT  
SIT Coordinator: Prof. Peragrino Amador Jr. Date of Request: \_\_\_\_\_

**II. OVERTIME DETAILS**

Overtime Date: \_\_\_\_\_ to \_\_\_\_\_

**Request Overtime Schedule:**

☐ After Office Work Hours \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM  
☐ Weekend Work \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM  
☐ Holiday Work \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM

**Work Arrangement**

☐ 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 **give my full consent** 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 Trainee: Mother Contact No.: 09561485592  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. APPROVALS**

SIT Supervisor's Recommendation: <input type="radio"/> Approved <input type="radio"/> Disapproved Remarks: _____ _____ Signature over printed name Date	Department Head's Approval: <input type="radio"/> Approved <input type="radio"/> Disapproved Remarks: _____ _____ Signature over printed name Date
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**V. ACKNOWLEDGEMENT & AGREEMENT**

I, the undersigned, understand that this overtime request is subject for approval. I agree to comply with the organization's rules on overtime, including proper documentation of work done.

CYRUS NATHANIEL P. FLORENDO  
\_\_\_\_\_  
Trainee's Signature over printed name Date: \_\_\_\_\_