

USTP-CDO HRMO FORM 12

APPLICATION FOR FLEXI-TIME

Note: Any false statement, misrepresentation or concealment of material fact on this form or any document presented in support of this application may constitute grounds for disciplinary action.

1. NAME (Last)

(First)

(Middle)

2. Date of Filing

3. Position

4. Employee ID No.

5. Department/Unit

DETAILS OF APPLICATION

6. Period Covered: _____ to _____, ____ (Year)

7. Time Schedule Requested: ☐ 7AM to 4PM ☐ 8AM to 5PM ☐ 9AM to 6PM

(Flexi time adopted above shall thereafter be the regular working hours which may be changed only per the approved Policy Guidelines)

8. Reason for request:

(Reason for request is mandatory, as this will assist administration in making an informed decision).

Signature Over Printed Name

Recommending Approval:

Head of Office

HRM Director

☐ **Approved**

☐ **Disapproved**