COMPANY TIME REQUEST/REPORT

This form is to be filled out 2 weeks before your scheduled leave, or within 2 days from your absence if you will use SL or EL credits.

This must be submitted no later than the 2nd or 17th of every month to be considered approved, excused, and/or paid.

Name: Alexis Rovic John Jacinto	Date of Submission: <u>September 2, 2</u>	2024
Job Title: OJT / Internship	Dept: Sourcing Dept. Cont	tact: <u>09568078392 / 09694272029</u>
Reason for Request: Recommendation from	OJT Adviser & Inclement Weather	
Supporting Document(s) Attached:		
TYPE OF REQUEST/REPORT: [] Sick [] Vacation	on [] Emergency [*] Tardiness [] Under time [] Bereavement [] Other
Request Date of Leave: From: September	2, 2024 To: September 2, 2024	Total No. of Days: 1 Day
	To: 6:00 PM	•
		407
	Zimpioyee signature.	
FOR SUPERVISOR :	FOR HR DEPARTMENT:	NOTED BY:
I recommend that this leave be approved:	I recommend that this leave be approved:	This leave is approved:
YesNo	YesPaidExcused	Yes Paid Excused
	NoNot PaidUnexcused	NoNot PaidUnexcused
Notes:	Notes:	Notes:
Supervisor Signature:	HR Signature:	JMA/MCA Signature:
This form is to be filled out 2 weeks before This must be submitted no later than Name: Alexis Rovic John Jacinto	your scheduled leave, or within 2 days from your scheduled leave, or within 2 days from you the 2 nd or 17 th of every month to be conside	your absence if you will use SL or EL credits. ered approved, excused, and/or paid.
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Supporting Document(s) Attached:		
TYPE OF REQUEST/REPORT: [] Sick [] Vacation	on [] Emergency [*] Tardiness [] Under time [Bereavement [] Other
		Total No. of Days: <u>1 Day</u>
Request Time of Leave: From: 8:00 AM		Total No. of Days: 1 Day
request fille of Leave. From. <u>6.00 Aivi</u>	Employee Signature:	
	Employee Signature.	And .
FOR SUPERVISOR :	FOR HR DEPARTMENT:	NOTED BY:
I recommend that this leave be approved: Yes No	I recommend that this leave be approved: YesPaidExcusedNoNot PaidUnexcused	This leave is approved: YesPaidExcusedNoNot PaidUnexcused
Notes:	Notes:	Notes:
Supervisor Signature:	HR Signature:	JMA/MCA Signature:

SUPPORTING DOCUMENTS:

