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: <u>Telen, Charmille S.</u>   Date of Submission: <u>October 17, 2024</u>

Job Title: <u>OJT / Internship</u>   Dept: <u>Sourcing Dept.</u>   Contact: <u>+63 910 402 6110</u>

Reason for Request: <u>Thursday Class</u>

. Supporting Document(s) Attached:

TYPE OF REQUEST/REPORT: [ ] Sick [ ] Vacation [ ] Emergency [*] Tardiness [ ] Under time [ ] Bereavement [ ] Other

Request Date of Leave: From: <u>Oct. 17, 2024</u>   To: <u>Oct. 17, 2024</u>   Total No. of Days: <u>1 Day</u>

Request Time of Leave: From: <u>9:00 AM</u>   To: <u>6:00 PM</u>   Total No. of Days: <u>1 Day</u>

Employee Signature: _____

FOR SUPERVISOR :	FOR HR DEPARTMENT:	NOTED BY:
I recommend that this leave be approved: ___Yes ___No	I recommend that this leave be approved: ___Yes Paid Excused ___No Not Paid Unexcused	This leave is approved: ___Yes Paid Excused ___No Not Paid Unexcused
Notes: _____	Notes: _____	Notes: _____
Supervisor Signature: _____	HR Signature: _____	JMA/MCA Signature: _____

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: <u>Telen, Charmille S.</u>   Date of Submission: <u>October 17, 2024</u>

Job Title: <u>OJT / Internship</u>   Dept: <u>Sourcing Dept.</u>   Contact: <u>+63 910 402 6110</u>

Reason for Request: <u>Thursday Class</u>

. Supporting Document(s) Attached:

TYPE OF REQUEST/REPORT: [ ] Sick [ ] Vacation [ ] Emergency [*] Tardiness [ ] Under time [ ] Bereavement [ ] Other

Request Date of Leave: From: <u>Oct. 17, 2024</u>   To: <u>Oct. 17, 2024</u>   Total No. of Days: <u>1 Day</u>

Request Time of Leave: From: <u>9:00 AM</u>   To: <u>6:00 PM</u>   Total No. of Days: <u>1 Day</u>

Employee Signature: _____

FOR SUPERVISOR :	FOR HR DEPARTMENT:	NOTED BY:
I recommend that this leave be approved: ___Yes ___No	I recommend that this leave be approved: ___Yes ___Paid ___Excused ___No ___Not Paid ___Unexcused	This leave is approved: ___Yes ___Paid ___Excused ___No ___Not Paid ___Unexcused
Notes: _____	Notes: _____	Notes: _____
Supervisor Signature: _____	HR Signature: _____	JMA/MCA Signature: _____

SYSTEMS PLUS COMPUTER COLLEGE
BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY
FOURTH YEAR AY 2024-2025 CLASS SCHEDULE

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 AM	8:30 AM						
8:30 AM	9:00 AM						
9:00 AM	9:30 AM						INT LRB 201
9:30 AM	10:00 AM						INT LRB 201
10:00 AM	10:30 AM						INT LRB 201
10:30 AM	11:00 AM						INT LRB 201
11:00 AM	11:30 AM						INT LRB 201
11:30 AM	12:00 PM						INT LRB 201
12:00 PM	12:30 PM						
12:30 PM	1:00 PM						
1:00 PM	1:30 PM						PM LRB 201
1:30 PM	2:00 PM						PM LRB 201
2:00 PM	2:30 PM						PM LRB 201
2:30 PM	3:00 PM						PM LRB 201
3:00 PM	3:30 PM						PM LRB 201
3:30 PM	4:00 PM						PM LRB 201
4:00 PM	4:30 PM						
4:30 PM	5:00 PM						
5:00 PM	5:30 PM				ELE4 LAB 2	CPR1 LRB 201	
5:30 PM	6:00 PM				ELE4 LAB 2	CPR1 LRB 201	
6:00 PM	6:30 PM				ELE4 LAB 2	CPR1 LRB 201	
6:30 PM	7:00 PM				ELE4 LAB 2	CPR1 LRB 201	
7:00 PM	7:30 PM				ELE4 LAB 2	CPR1 LRB 201	
7:30 PM	8:00 PM				ELE4 LAB 2	CPR1 LRB 201	
8:00 PM	8:30 PM						
8:30 PM	9:00 PM						