



PAMANTASAN NG LUNGSOD NG MAYNILA

Gen. Luna corner Muralta Street, Intramuros, Manila | <https://plm.edu.ph>

HUMAN RESOURCE MANAGEMENT OFFICE

REQUEST FOR CHANGE IN WORK SCHEDULE

Application Date:

NAME	Family Name	First Name	Middlename	
OFFICE/ COLLEGE			STATUS <input type="checkbox"/> Permanent <input type="checkbox"/> Others <input type="checkbox"/> Temporary	
DESIGNATION/ RANK				
PERIOD COVERED				
	TIME SCHEDULE	WORK DAYS	BREAKTIME	DAY-OFF
ORIGINAL				
PROPOSED				
REASON				

I hereby abide by the applicable rules and regulations on governing work schedules and related matters.
I also certify in my honor to the correctness of the information provided herein.

Signature

For Academic Personnel 1. Verified Correct by:	For Non-Academic Personnel 1. Verified Correct by:	3. Recommended by:
Immediate Supervisor	Immediate Supervisor	HRMO
Date	Date	Date
2. Endorsed by:	2. Endorsed by:	3. Action <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
College Dean	Head of Office	VP Concerned
Date	Date	Date