



HOLY ANGEL UNIVERSITY
SCHOOL OF COMPUTING



PARENTAL CONSENT

This is to certify that I, **ParentsFirst ParentsMiddle**, parent/guardian of **GABB VILL MOLINA**, a student of Holy Angel University and with residence and postal address at , , , and who is undergoing on-the-job training at the from to .

I understand that this training is necessary as well as important in the implementation and continuation of the **BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY** course being taken in the said school

I further allow my son/daughter to
_____ work beyond the regular working hours or have an overtime work
_____ work on a rotational shift specifically graveyard shift from
_____ work onsite provided the company secures and implement safety protocol
_____ work on Saturday to compensate the loss OJT hours due to absences
on (Date) from (Start Time) to (End Time) and I agree to it provided my son/daughter is under the close supervision of the immediate supervisor even in a work from home setup.

PARENTSFIRST PARENTSMIDDLE

Signature of Parent/Guardian
over Printed Name

April 23, 2024

Date Signed

CONFORME

KARL CANIEL MAGBANUA

Signature of Company Representative
over Printed Name

APRIL 23, 2024

Date Signed