



HOLY ANGEL UNIVERSITY
SCHOOL OF COMPUTING



PARENTAL CONSENT

This is to certify that I, **Rafael salas salas**, parent/guardian of **Ben Rafael Salas**, a student of Holy Angel University and with residence and postal address at **111 don bosco, paranaque, ncr**, 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 **1** 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.

RAFAEL S. SALAS
Signature of Parent/Guardian
over Printed Name

October 03, 2024
Date Signed

CONFORME

JOHN DOE
Signature of Company Representative
over Printed Name

OCTOBER 03, 2024
Date Signed