

Republic of the Philippines
IFUGAO STATE UNIVERSITY
Nayon, Lamut, Ifugao

COMPENSATORY TIME-OFF FORM

Date of filing: _____

This is to request approval for me to go on COMPENSATORY TIME-OFF (CTO) using my accrued Compensatory Overtime Credit (COCs) on _____
(Inclusive dates)

for _____ days. The purpose of my CTO is/are: _____
(No. of days)

(Signature over printed name of employee)

(Position/Designation)

This is to certify that the above employee has the following accrued COMPENSATORY OVERTIME CREDITS as of _____.

Balance: _____

As such, approval of his/her request is recommended.

DOMINGA G. LUNAG
AO V / HRMO III

Recommending Approval:

(Signature over printed name of immediate supervisor)

(Position/Designation)

APPROVED:

(Authorized Official)