



HUMAN RESOURCE DEVELOPMENT OFFICE
SERVICE REQUEST

Date: _____

Name: _____

Department: _____

Designation: _____

Purpose (Please Specify): _____

Please Check:

Certificate of Employment

For Ranking Application

Faculty Staff/ Study Permit

Job Description

Service Record

Personnel Feedback Complaint

Leave Credits

Certificate of Premium

Contribution (SSS, PhilHealth, Pag-IBIG)

Copy of Personal Records:

Training Request:

Counselling/ Advising:

Follow-up Request:

Others (Please Specify):

Requested by: _____

Signature over Printed Name/ Date

Prepared by (HR Officer): _____

Date Prepared: _____

Received by: _____

Signature over Printed Name/ Date

CPU-HRD-Form 70

Rev 02 Effectivity: June 1, 2024



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