



**WORK STUDENT STUDY PROGRAM**

**Central Philippine University**

**Iloilo City, Philippines**

**REQUEST FOR WORK STUDENT'S EXTRA HOURS**

Date of Filing: \_\_\_\_\_

Department/Office: \_\_\_\_\_

Activity/Purpose: \_\_\_\_\_

Inclusive Dates: \_\_\_\_\_

Name	Regular Duty	Schedule of Extra Hours Duty (Date and Time)	Number of Hours
	Sun _____	Sun _____	
	Mon _____	Mon _____	
	Tue _____	Tue _____	
	Wed _____	Wed _____	
	Thu _____	Thu _____	
	Fri _____	Fri _____	
	Sat _____	Sat _____	

Total No. of Hours = \_\_\_\_\_

Requested By:

\_\_\_\_\_  
Signature Over Printed Name  
Supervisor

Recommending Approval:

\_\_\_\_\_  
Signature Over Printed Name  
Unit Head

Approved:

\_\_\_\_\_  
Annalie D. Gilongos  
Coordinator