



**WORK STUDENT STUDY PROGRAM
CENTRAL PHILIPPINE UNIVERSITY**

ABSENCE REPORT FORM

NAME: _____ AREA OF ASSIGNMENT: _____
DATE FILED: _____

CIRCUMSTANCE OF ABSENCE:

DATE	TIME		TOTAL NO. OF HRS	SUBSTITUTED BY: (Name & Signature)
	AM	PM		

Reasons for Absence:

Action Taken: Approved Disapproved
Reason _____

Supervisor: _____ Date: _____

CPU-WSSP-FORM-18
Rev. 1 Effective 03/04/2024



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