



WORK STUDENT STUDY PROGRAM
Central Philippine University
Iloilo City, Philippines

REQUEST FOR WORK STUDENTS INTERIM DUTY

Date of Filing: _____

Department/Office: _____

Activity/Purpose: _____

Inclusive Dates: _____

Name	Nature of Work	Schedule of Duty	No. of Hours
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total No. of Hours = _____

Requested By:

Recommending Approval:

Supervisor

Unit Head

Approved:

WSSP Coordinator

