



**REQUEST FOR COMPENSATORY OVERTIME CREDITS (COC)**  
**FORM**  
(Permanent/Temporary/Casual)

**DATE:** \_\_\_\_\_

The rendering of overtime services is hereby requested for the following personnel:

NAME	College/Office/ Unit	Overtime Period		Maximum Number of OT Hours/day	Maximum Total Number of allowable OT for the entire period	Detailed Work to be Accomplished/ Expected Output (Please use extra sheet if needed)
		First Day	Last Day			
REQUESTED BY:  _____ Immediate Supervisor		RECOMMENDED BY:  <u>ANNA C. DAYRIT, MM, MBA</u> Chief Administrative Officer		RECOMMENDED BY:  _____ Cluster Vice President		APPROVED:  <u>ENRIQUE G. BAKING, Ed. D.</u> SUC President III

- Note:**
1. To be submitted to the HR on or before the cut-off date (every 15<sup>th</sup> of the succeeding month).
  2. To be submitted together with all the necessary attachments (approved office schedule, accomplishment report and DTR).

*Received by:* \_\_\_\_\_ *Date Received:* \_\_\_\_\_