



PAMPANGA STATE UNIVESITY

REQUEST FOR PAYMENT FOR ACTUAL SERVICES RENDERED FOR JOB ORDER

OFFICE: _____

PERIOD COVERED: _____

NAME	ACTUAL OUTPUT		
1.			
2.			
3.			
REQUESTED BY:	I hereby certify that OT Services were duly rendered:	Recommending Approval:	Approved:
1.	_____ Immediate Supervisor	_____ Cluster Vice President	ENRIQUE G. BAKING, Ed.D. SUC President III
2.			
3.	Note: 1. To be submitted with the following attachments: a.) duly approved DTR b.) quantified overtime accomplishment duly signed by the employee & supervisor c.) duly approved letter of request to render overtime. 2. To be submitted to the HR before the 15 th day of the month for payment to be credited on the succeeding month. 3. Request for Payment of Overtime in cash will no longer be accepted for processing and payment if submitted 30 days after the last day of overtime.		
Date: _____			

Received by: _____

Date Received: _____