



**REQUEST FOR PAYMENT
 OF OVERTIME SERVICES**
 (Permanent/Temporary/Casual/Contractual)

OFFICE:	PERIOD COVERED:
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NAME	ACTUAL OUTPUT
1.	
2.	
3.	
4.	
5.	

REQUESTED BY:	<i>I hereby certify that OT Services were duly rendered:</i>	<i>Recommending Approval:</i>	<i>Approved:</i>
1. _____	_____	_____	<u>ENRIQUE G. BAKING, Ed.D.</u>
2. _____	Immediate Supervisor	Cluster Vice President	SUC President III

3. _____ 4. _____ 5. _____ Date: _____	<p>Note:</p> <ol style="list-style-type: none"> 1. To be submitted with the following attachments: <ol style="list-style-type: none"> a) Request Letter to render Overtime Services; b) Duly approved DTR; c) Summary of Evidences Submitted duly signed by the employee & supervisor; d) Request for Overtime Services Form (Cash); and e) Work Schedule/Instructor's Teaching Load. 2. To be submitted to the COBU on or before the 13th to 15th day of the succeeding month. 3. Please note that requests not submitted within the cut-off date will be included in the next cut-off for the following month, except for the month of December. Claims for December shall cover the months of November and December only. Any claims from January to October submitted in December shall no longer be accepted as per EVP Memorandum No. 13 Series 2026 dated January 21, 2026.
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Received by: _____	Date Received: _____
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