TARLAC STATE UNIVERSITY
OFFICE OF HUMAN RESOURCE DEVELOPMENT & MANAGEMENT
EMPLOYEE WELFARE UNIT

REQUEST TO CHANGE WORK SCHEDULE OF NON-TEACHING PERSONNEL

Date : _____

This is to request **change of work schedule** as follows:

1.1 Fixed Schedule **Effectivity Date:**

Day	OLD SCHEDULE	NEW SCHEDULE
Su		
M		
T		
W		
Th		
F		
Sa		

1.2 Temporary

DATE	TIME

REQUESTED BY	_____ Signature over Printed Name
APPROVED BY	_____ Signature over Printed Name
CHANGED BY	_____ HRDMO Personnel

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