FORM C

**REQUEST – JUSTIFICATION FOR THE LATE REPORTING FOR WORK BEYOND THE INITIAL GRACE PERIOD OF THE WORK SCHEDULE**

Date:

I, full name of employee, position / designation, in the name of office, arrived late to the office after the initial grace period of my work schedule, details of which are as follows:

Date Time of Arrival No. of Minutes Late

mm-dd-yyyy hr-mn \_\_\_\_\_\_\_\_\_\_

due to the following reason / s:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

For the record, this has been the \_\_\_\_\_\_ time that I arrived to the office after the initial grace period for the month of \_\_\_\_\_\_\_\_, (Year). I am fully aware that, pursuant to DepEd Memorandum No. \_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I may arrive in the office beyond the initial grace period not exceeding fifteen (15) minutes but not more than four (4) times in a month, without incurring tardiness, subject to presentation of justified reason/s duly approved by the Head of Office.

In view of the above reason/s, I hereby request for exemption from the policy on tardiness on the date specified above.

Thank you.

SIGNATURE OVER PRINTED NAME OF THE EMPLOYEE

ACTION TAKEN BY THE HEAD OF OFFICE

\_\_\_\_\_\_REQUEST APPROVED \_\_\_\_\_\_REQUEST DISSAPPROVED

STATE REASON / S FOR DISAPPROVAL:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

NAME AND SIGNATURE OF THE HEAD OF OFFICE

POSITION / DESIGNATION

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