\_\_\_\_\_\_\_\_\_

Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Schools Division Superintendent

Malaybalay City Division

Casisang, Malaybalay City

Maám/Sir:

The undersigned respectfully requests to avail a **Compensatory-Time-Off (CTO)** on \_\_(Date)\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_(reason)\_\_\_\_\_\_\_\_\_\_\_\_\_.

Herewith is the record of COC earned as of **(Date of attached COC)**.

Anticipating for your approval on this request.

Very truly yours,

(NAME)

(Position)

Certification as to the availability of COCs

As of \_\_\_\_ \_\_\_\_\_.

|  |  |  |
| --- | --- | --- |
| COCs Earned | Used COCs | Remaining Balance of COCSs |
|  |  |  |
|  |  |  |

RECOMMENDING APPROVAL:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_(**Immediate Supervisor**)\_\_ \_\_\_\_\_\_**

AO IV-Personnel  **Date** (Position) **Date**

APPROVED: DISAPPROVED DUE TO:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Schools Division Superintendent