**AUTHORITY TO RENDER EXTENDED SERVICES**

Date:

This is to authorize Mr./Mrs./Miss:

College/Unit:

Position:

To render extended services on:

|  |  |
| --- | --- |
| Specific job to be done | Expected Output |
|  |  |

Requested by: Concurred:

Immediate Supervisor Employee

Funds Available: (Php\_\_\_\_\_\_\_) Checked:

Director, Finance Head, Payroll Services Unit

Recommending Approval:

VPAA/VPA/VPRIE

Approved:

Vice President for Administration