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FACULTY ATTENDANCE FORM

(OUR Form FA-01)

FACULTY NAME	ID NUMBER	DEPARTMENT	COLLEGE

MAKE-UP CLASS (please indicate reason code for absence being made up): OB - Official Business (attach official approval) PM - Personal Matter

	ABSENCE(S) INCURRED					MAKE-UP SCHEDULE		
COURSE	SECTION	ROOM	DATE	TIME	DATE	TIME	ROOM	

SUBSTITUTION

ANTICIPATED ABSENCE(S)		SUBSTITUTE FACULTY	ID NUMBER			
COURSE	SECTION	ROOM	DATE(S)	TIME		

TEMPORARY CHANGE OF ROOM / TIME / VENUE

- RT Room Transfer (Please attach approved room reservation)
- CT- Change of Time (Please attach approved room reservation)
- AC- Alternative Class (on campus; please write details below)
- FT Field Trip (off-campus; please attach approved off-campus activity form in accordance with CHED CMO 063 series of 2017)

		ORIGINA	AL SCHEDULE			NE	W SCHEDULE	
COURSE	SECTION	ROOM	DATE	TIME	REASON	DATE	TIME	ROOM/ VENUE

Details for Alternative Class

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- 1. Please accomplish this form in two (2) copies—one for OUR and the other as the receiving copy of the department.
- 2. This form must be received at the Enrollment Services Hub, 2nd Floor, Henry Sy Sr., Hall at least one (1) working day before the scheduled make-up class, substitution, room/time transfer.
- 3. Make-up classes shall not be scheduled prior to the submission of this form.

	APPROVAL:	APPROVAL: (for same day submission)
SIGNATURE (FACULTY) / DATE	SIGNATURE (CHAIR) / DATE	SIGNATURE (DEAN) / DATE