



De La Salle University  
**ASSOCIATE VICE CHANCELLOR FOR CAMPUS DEVELOPMENT**  
**WORK PERMIT FORM**

Date: \_\_\_\_\_

Name of Project : \_\_\_\_\_

Specified Location : \_\_\_\_\_

Building : \_\_\_\_\_ Room: \_\_\_\_\_

Date from : \_\_\_\_\_ to: \_\_\_\_\_ Time from: \_\_\_\_\_ to \_\_\_\_\_ only.

Contractor : \_\_\_\_\_

I hereby certify that the names presented below are my workers and by checking this  box I assumed the full responsibilities and obligations while at work inside the premise of the DLSU Campus.

Name of Worker(s)

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

Project in – Charge : \_\_\_\_\_ Noted by : \_\_\_\_\_

Approved by : \_\_\_\_\_  
 Authorized Signature