

**REQUEST FOR**

**WORK FROM HOME**

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

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

Name of Employee Position College/Department

Date of Requested WHF Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK PLAN**

|  |  |  |
| --- | --- | --- |
| **Day/ Time**  | **Target Work Deliverables/Activity** | **Expected Output/s** |
|  |  |  |

|  |  |
| --- | --- |
| I commit to work on my targets and deliver my expected output/s. I understand that delivering less than what is indicated as my output shall affect the number of hours of service I render.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name and Signature of Employee | \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name and Signature of Immediate Supervisor/Department Head |
| Remarks: |

*(Form to be submitted at the DHRD Office after approval of Supervisor)*

**RECEIVED AT THE DHRD OFFICE:**

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

Name and Signature of Receiving Staff Date Received:

**INDIVIDUAL ACCOMPLISHMENT REPORT**



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

Name of Employee Position College/Department

Date of Approved Work from Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCOMPLISHMENT REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Time****(8am -5pm)** | **Target** | **Output/s with Attachments** | **Remarks/Confirmation of Supervisor on Output/s** |
|  |  |  |  |

*(Please use additional sheet if necessary)*

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

Signature of Employee Date Submitted

This is to certify that the above employee has delivered \_\_\_\_\_\_\_% of his/her work output as indicated in his/her work plan, proof attached.

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

Name and Signature of Immediate Supervisor/Department Head Date

*(Form to be submitted at the DHRD Office after signature of Supervisor)*

**RECEIVED AT THE DHRD OFFICE:**

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

Name and Signature of Receiving Staff Date Received: