



NAME _____ EMPLOYEE CODE

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VOLUNTEER WORK ASSIGNMENT

SURNAME _____ DEPARTMENT _____

NO.	DAY/DATE	ASSIGNMENT WORK	APPROVED BY	TIME		HOURS		REMARKS
				IN	OUT			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
				TOTAL				

AUTHORIZED BY

REMARKS _____

HEAD OF DEPARTMENT

OFFICE OF HUMAN RESOURCES MANAGEMENT