HRMO Form SSFS-002
Last Rev. 02.23.2012
Rev. 07.10.2012

De La Salle University
DASMARIÑAS

HUMAN RESOURCE MANAGEMENT OFFICE

OFFICIAL BUSINESS FORM

Date Filed	**Name of Employee**	**Signature**
Position	**College/ Department/Office**	**Date(s) of Official Business**
Time Duration *(From-To)*	**Specific Purpose**	
Destination	**Assigned Officer-In-Charge (***For Administrators only)*	

FACULTY ONLY	Affected Classes (If any)	Time / Day / Room	Substitute Teacher (ST)	Signature of ST

Endorsement	Approval
Immediate Head/Chair	***Director, HRMO***
Dean *(For Faculty and Administrators only)*	***Vice Chancellor Concerned*** *(For Administrators only)*

***** This form must be accomplished and filed at the HRMO at least two (2) days before the date of the official business duly signed by the employee and endorsed/signed by the immediate head. Pertinent document/s must be attached. *****

Original Copy - HRMO	***Duplicate – Employee***

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