

## OFFICE OF THE VICE CHANCELLOR FOR

## OVCA FORM 118: EXPLANATION FOR FAILURE TO LOG IN OR/AND OUT Date Filed: Name of Faculty Member/ASF: \_\_\_\_\_\_Contact Number/s:\_\_\_\_\_ College/Department: \_\_\_\_ Please check one of the following: [ ] Failure to Log Out [ ] Failure to Log In [ ] Failure to Log In and Out Date of Failure to Log In or/and Out: Reason/s: Signature of Faculty Member/ASF over Printed Name **ACTION TAKEN** ( ) APPROVED (\_\_) DISAPPROVED **Special Instructions:** SIGNED: Signature Over Printed Name Signature Over Printed Name Dean/Director of Program Director/Department Chair

cc: Office of the Registrar, File

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