



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 In Failure to Log Out
 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
of Program Director/Department Chair*

Signature Over Printed Name Dean/Director

cc: Office of the Registrar, File