



Office of the
University Registrar

MACHINE VALIDATION

FACULTY ATTENDANCE FORM

(OUR Form FA-01)

FACULTY NAME	ID NUMBER	DEPARTMENT	COLLEGE

MAKE-UP CLASS (please indicate reason code for absence being made up): **OB** - Official Business (attach official approval) **PM** - Personal Matter

ABSENCE(S) INCURRED					MAKE-UP SCHEDULE		
COURSE	SECTION	ROOM	DATE	TIME	DATE	TIME	ROOM

SUBSTITUTION

ANTICIPATED ABSENCE(S)					SUBSTITUTE FACULTY	ID NUMBER
COURSE	SECTION	ROOM	DATE(S)	TIME		

TEMPORARY CHANGE OF ROOM / TIME / VENUE

RT – Room Transfer (Please attach approved room reservation)

CT– Change of Time (Please attach approved room reservation)

AC– Alternative Class (on campus; please write details below)

FT – Field Trip (off-campus; please attach approved off-campus activity form in accordance with CHED CMO 063 series of 2017)

ORIGINAL SCHEDULE						NEW SCHEDULE		
COURSE	SECTION	ROOM	DATE	TIME	REASON	DATE	TIME	ROOM/ VENUE

Details for Alternative Class

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REMINDERS

1. Please accomplish this form in two (2) copies—one for OUR and the other as the receiving copy of the department.
2. This form must be received at the Enrollment Services Hub, 2nd Floor, Henry Sy Sr., Hall at least one (1) working day before the scheduled make-up class, substitution, room/time transfer.
3. Make-up classes shall not be scheduled prior to the submission of this form.

	APPROVAL:	APPROVAL: (for same day submission)
SIGNATURE (FACULTY) / DATE	SIGNATURE (CHAIR) / DATE	SIGNATURE (DEAN) / DATE