**DTR RECTIFICATION REQUEST FORM**

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| --- | --- | --- | --- | --- | --- |
| Name of Employee: (Last Name, First Name, Middle Initial) | | | Date of Request: (MM/DD/YY) | | |
| Unit/College: | | | Rectification for the month of: | | |
| **Specific Date/s** | **Nature of Rectification**  FR1: Missed Logged-In  FR2: Missed Logged-out | **Reason/s** | **Means of Verification** | **Specify Rectified Time** | **Remarks**  (Allowed or Not Allowed; if not allowed kindly state why) |
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| **Signature of Employee:** | | | **Verified by Supervisor:**  (Name and Signature) | | |
| **Rectification Input by:** | | | **Date:** | | |