



**Philippine National Volunteer
Service Coordinating Agency**
NEDA Complex, EDSA, Diliman, Quezon City
Tel. Nos: 3851729/3810559 Telefax: 4357999
Email Address: pps.pnvsca@yahoo.com

**REQUEST FOR EXTENSION OF
VOLUNTEER ASSISTANCE**

Reference No: _____

1. Name and Address of Host Organization: _____

2. Project Title Location: _____

3. Approved Period of Volunteer Assistance: _____

5. Volunteer/s Assigned:

<i>Name of Volunteer</i>	<i>Volunteer Sending Organization</i>	<i>Duration of Assignment</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Rationale for extension: (Please attach project accomplishment report and volunteer's work plan for the duration of extension requested)

Prepared by: _____

Submitted by: _____

*Printed Name, Designation & Signature of
Project Supervisor*

*Printed Name, Designation & Signature of
Head of Agency*

Date: _____

ACTION TAKEN BY PNVSCA (for PNVSCA use only)

Deferred due to (state reason) _____

Disapproved (state reason) _____

Approved/Endorsed for extension of volunteer assistance of in the field of _____
for a period of _____

Date

JOSELITO C. DE VERA
Executive Director