

Civil Service Form 48

DAILY TIME RECORD**ASIO, LUZ G.**

(NAME)

For the month of

October 1 - 31, 2022

Official hours for arrival and departure

8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SAT						Off
2-SUN						Off
3-MON	7:23	12:54	12:54	6:26		8hrs
4-TUE	7:13	12:10	12:15	6:10		8hrs
5-WED	7:37	11:49	12:02	5:42		8hrs
6-THU	7:10	12:31	12:31	4:54		8hrs
7-FRI	7:30	11:53	12:51	6:31		8hrs
8-SAT						Off
9-SUN						Off
10-MON	6:40	12:55	12:55	6:36		8hrs
11-TUE	7:06	12:03	12:17	5:50		8hrs
12-WED	7:16	12:06	12:27	5:53		8hrs
13-THU	7:20	12:07	12:10	5:14		8hrs
14-FRI	7:41	12:54	12:54	6:31		8hrs
15-SAT						Off
16-SUN						Off
17-MON	7:45	11:55	12:15	5:36		8hrs
18-TUE						Absent
19-WED	7:18	11:32	12:11	4:56		8hrs
20-THU						Holiday
21-FRI	7:21	1:01	1:01	5:16		8hrs
22-SAT						Off
23-SUN						Off
24-MON	7:22	12:25	12:25	5:47		8hrs
25-TUE	7:20	11:48	12:13	5:32		8hrs
26-WED	6:36	11:51	12:42	5:59		8hrs
27-THU	7:35	12:00	12:20	5:09		8hrs
28-FRI	7:51	12:34	1:00	7:00		8hrs SUSPENDED 1:00 pm 7:00 pm
29-SAT						Off
30-SUN						Off
31-MON						Holiday

I CERTIFY on my honor that the above is true and correct report of the hours of work performed record of which was made daily at the time of arrival at and departure from office.


LUZ G. ASIO

VERIFIED as to prescribed office hours


RUTH O. ESCASINAS

Department Head
 Department of Agronomy

Date Generated: Nov/28/2022 08:38:17

Philippines

UNIVERSITY

y, Leyte

Stamp of Date of Receipt

FOR LEAVE

(First)	(Middle)
Luz	Geneston
	5. SALARY (Monthly)
Professor II	

APPLICATION**6.b DETAILS OF LEAVE:**

In case of vacation/Special Privilege leave:

- ☒ Within the Philippines : tacloban
☐ Abroad (Pls. Specify) :

In case of Sick leave:

- ☐ In Hospital (Pls. Specify) :
☐ Out Patient (Pls. Specify) :

In case of Special Leave Benefits for Women:
(Specify Illness)

In case of Study leave:

- ☐ BAR/Board Examination Review
☐ Completion of Master's Degree
☐ Completion of Doctorate Degree
☐ Completion of PHD Degree

Other purpose:

- ☐ Monetization of Leave Credits
☐ Terminal Leave

6.d COMMUTATION

- ☒ Requested ☐ Not Requested


ASIO, LUZ G.

(Signature of Applicant)


ION ON APPLICATION**7.b RECOMMENDATION:**

- ☐ For Approval
☐ For Disapproval due to:


RUTH O. ESCASINAS

Department of Agronomy

7.d DISAPPROVED due to:


RDO E. TULIN

(Name and Signature)
 University President