

DAILY TIME RECORD**JADINA, BEATRIZ C.**

(NAME)

For the month of

March 1 - 31, 2021

Official hours for arrival and departure

8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-MON	7:33	12:03	12:43	5:40		
2-TUE	7:25	12:01	12:48	5:26		
3-WED	7:24	12:01	12:48	5:20		
4-THU	7:14	12:34	12:50	5:22		
5-FRI	7:40	12:03	12:40	5:20		
6-SAT						Off
7-SUN						Off
8-MON	7:25	12:03	12:43	5:25		
9-TUE	7:18	12:01	12:35	6:10		
10-WED	7:02	12:02	12:40	5:02		
11-THU	7:36	12:22	12:45	5:12		
12-FRI	6:42	12:05	12:41	6:05		
13-SAT						Off
14-SUN						Off
15-MON	7:08	12:09	12:43	5:20		
16-TUE	7:24	12:01	12:48	5:56		
17-WED	On leave					
18-THU	WFH		On leave			
19-FRI	Work from Home (WFH)					
20-SAT						Off
21-SUN						Off
22-MON	7:30	12:03	12:43	5:40		
23-TUE	7:12	12:11	12:51	5:47		
24-WED	7:14	12:02	12:45	5:41		
25-THU	7:45	12:02	12:31	5:32		
26-FRI	7:06	12:05	12:57	5:26		
27-SAT						Off
28-SUN						Off
29-MON	7:23	12:05	12:50	5:20		
30-TUE	7:15	12:07	12:51	5:24		
31-WED	WFH		On leave			

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.


BEATRIZ C. JADINA

VERIFIED as to prescribed office hours


SUZETTE B. LINA

Department Head
 Department of Soil Science

the Philippines
TE UNIVERSITY
 ay City, Leyte

Stamp of Date of Receipt

N FOR LEAVE

Last	(First)	(Middle)
JADINA	BEATRIZ	CUEVAS
PROFESSOR	5. SALARY _____	

OF APPLICATION**6.B DETAILS OF LEAVE**

In case of Vacation/Special Privilege Leave:

Within the Philippines _____

Abroad (Specify) _____

In case of Sick Leave:

In Hospital (Specify Illness) _____

Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

In case of Study Leave:

Completion of Master's Degree

BAR/Board Examination Review

Other purpose:

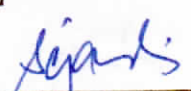
Monetization of Leave Credits

Terminal Leave

6.D COMMUTATION

/ Not Requested

Requested


 (Signature of Applicant)

TION ON APPLICATION**7.B RECOMMENDATION**


For approval

For disapproval due to _____


SUZETTE B. LINA

Name of Head
 (Authorized Officer)

7.D DISAPPROVED DUE TO:


O. E. TULIN
 President
 (Authorized Official)