



DAILY TIME RECORD **EDULLANTES, MELODINA P.** (NAME)

For the month of
August 1 - 31, 2025
Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-FRI						OB
2-SAT						Off
3-SUN						Off
4-MON						OB
5-TUE			12:34	5:00	4hrs	4hrs
6-WED						OB
7-THU						FL
8-FRI						OB
9-SAT						Off
10-SUN						Off
11-MON						FL
12-TUE			1:21	5:53	4hrs 21mins	3hrs 39mins
13-WED						OB
14-THU			12:27	5:21	4hrs	4hrs
15-FRI						OB
16-SAT						Off
17-SUN						Off
18-MON	10:07	12:08	12:29	5:14	2hrs 7mins	5hrs 53mins
19-TUE	7:32	12:35	12:52	5:01		8hrs
20-WED						OB
21-THU						Holiday
22-FRI						OB
23-SAT						Off
24-SUN						Off
25-MON						Holiday
26-TUE						SUSPENDED 12:01 am 11:59 pm
27-WED			12:31	5:08		4hrs SUSPENDED 12:01 am 12:00 pm
28-THU						OB
29-FRI						OB
30-SAT						Off
31-SUN						Off

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.

MELODINA P. EDULLANTES
MELODINA P. EDULLANTES

VERIFIED as to prescribed office hours

LILIAN B. NUÑEZ
LILIAN B. NUÑEZ

Department Head

Barangay Integrated Development Approach for Nutrition Improvement

ECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):

- ☐ Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19
- ☐ Invitation from the organizer of the activity/conference/meeting (if applicable)
- ☐ Certification from the organizer that social distancing and other health/hygiene protocols against Covid 19 will be observed for the duration of the activity (if applicable)
- ☐ Quarantine passes issued by the destination LGU enroute to the destination
- ☐ Strong justification from the requesting party duly endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment of the requesting party to religiously comply with health/hygiene protocols during the trip
- ☐ Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme
- ☐ Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her 14 days work from home scheme
- ☐ Clearance issued by the Nurse on duty 30 minutes prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus

Certified Correct:

MELODINA P. EDULLANTES
MELODINA P. EDULLANTES
Travelling Employee

Noted/verified except Clearance from Nurse :

LILIAN B. NUÑEZ
LILIAN B. NUÑEZ
Name of Office Head/Supervisor