DAILY TIME RECORD CAPIN, ORLAN C.

(NAME)

For the month of September 1 - 30, 2022 Official hours for arrival and departure 8:00AM - 5:00PM

Day	AM		PM		77 /11	m 2024
	IN	OUT	IN	OUT	T/U	Total
1 -THU						OB
2-FRI						ОВ
3-SAT		ľ				Off
4-sun						Off
5-MON	7:16	12:10	12:31	5:06		8hrs
6-TUE			1			ОВ
7-WED	7:06	12:13	12:29	5:08		8hrs
8-тни	7:13	12:09	12:37	5:27		8hrs
9-FRI	7:20	12:13	12:15	5:07		8hrs
10-SAT						Off
11- SUN			l.			Off
12- MON	7:26	12:08	12:19	5:19		8hrs
13-TUE	7:01	12:12	12:36	5:02		8hrs
14- WED	7:02	12:46	12:50	5:01		8hrs
15-тни	6:59	12:10	12:24	5:10		8hrs
16- FRI	7:22	12:00	12:05	5:03		8hrs
17-SAT					NAME OF TAXABLE PARTY.	Off
18-SUN						Off
19-MON	6:42	12:00	12:03	5:09		8hrs
20-TUE	7:12	12:10	12:14	5:05		8hrs
21-WED						FL
22- THU	7:34	12:02	12:06	5:08		8hrs
23-FRI	6:44	12:00	12:03	5:06		8hrs
24-SAT			,			Off
25=SUN	-					Off
26-MON	7:13	12:02	12:04	5:15		8hrs
27-TUE	6:29	12:02	12:02	5:14		8hrs
28-WED	6:40	12:00	12:02	5:05		8hrs
29- THU	7:28	12:38	12:50	5:14		8hrs
30-FRI	6:53	12:34	12:52	8:34		

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

VERIFIED as to prescribed office hours

Department Head Institute of Tropical Ecology & Envi. Mgmt.

8/25/22, 2:22 PM

Scan Here



TO-2022-0825-57926

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 and if possible, together with passes from LGUs 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 nealth/hygiene protocols during the trip Naiver from the employee concerned that he/she is villing to undergo self quarantine for 14 days, vhile he/she will be on work from home scheme approved list of outputs between supervisor and imployee to be delivered/accomplished during his/her 4 days work from home scheme learance issued by the Nurse on duty 30 minutes

rior to travel should be submitted to the guard on uty before allowing vehicle to go out of campus

Certified Correct:

Name of Travelling Employee

oted/verified except Clearance from Nurse :

Name of Office Head/Supervisor