

DAILY TIME RECORD**ARMECIN, ROMEL B.**

(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	7:45	12:01	1:05	4:48	1min	7hrs 59mins
4-TUE	6:42	11:46	1:00	5:21		8hrs
5-WED	7:27	11:49	1:00	5:54		8hrs
6-THU	7:49	12:01	12:41	5:53		8hrs
7-FRI	7:31	12:01	1:04	4:41		8hrs
8-SAT						Off
9-SUN						Off
10-MON	7:59	11:50	1:09	5:11	7mins	7hrs 53mins
11-TUE	7:30	11:56	1:07	5:18		8hrs
12-WED	7:37	12:00	1:13	5:21		8hrs
13-THU	7:44	12:06	1:03	5:29		8hrs
14-FRI	6:46	11:40	1:13	5:06		8hrs
15-SAT						Off
16-SUN						Off
17-MON	7:52	12:15	1:06	5:15		8hrs
18-TUE	6:50	11:59	1:22	4:58		8hrs
19-WED	7:51	11:25	12:56	4:50	32mins	7hrs 28mins
20-THU						Holiday
21-FRI						FL
22-SAT						Off
23-SUN						Off
24-MON	7:42	11:39	1:01	5:03	1min	7hrs 59mins
25-TUE	7:24	11:19	1:12	5:13	4mins	7hrs 56mins
26-WED						OB
27-THU	7:44	12:12	1:15	5:06		8hrs
28-FRI	7:26	11:58	1:00	5:00		8hrs SUSPENDED 1:00 pm 5:00 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.

ROMEL B. ARMECIN

VERIFIED as to prescribed office hours

MARIA JULIET C. CENIZA

Vice President

Office of the Vice President for Research, Extension and Innovation

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

CHECKLIST 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 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 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:

Name of Travelling Employee

Noted/verified except Clearance from Nurse :

Name of Office Head/Supervisor