



## DAILY TIME RECORD FOR PART-TIME INSTRUCTORS

Name: ANG, ROWENA T.

Department: Nursing

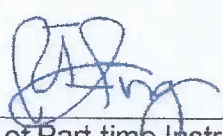
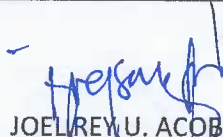
For the Month of: November

Year: 2021

Day	AM						PM						Daily Total (hours)
	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	
1													
2													
3													
4	8:00					12:00	1:00					5:00	8
5	8:00					12:00	1:00					5:00	8
6	8:00					12:00	1:00					5:00	8
7													
8	8:00					12:00	1:00					5:00	8
9	8:00					12:00	1:00					5:00	8
10	8:00					12:00	1:00					5:00	8
11	8:00					12:00	1:00					5:00	8
12	8:00					12:00	1:00					5:00	8
13													
14													
15													
16	8:00					12:00	1:00					5:00	8
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													

**GRAND TOTAL** 72

I HEREBY CERTIFY on my honor that the above record is a true and correct report on the hours of work performed made daily at the time of arrival(s) and departure(s).

 Signature of Part-time Instructor	 JOEL REY U. ACOB, DNS Printed Name and Signature of Dept. Head
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