

DAILY TIME RECORD**CENTINO, ZYRA MAY H.**

(NAME)

For the month of

April 1 - 30, 2025

Official hours for arrival and departure

8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-TUE						Holiday
2-WED	8:00	12:04	12:06	5:30		8hrs
3-THU	8:00	12:01	12:09	5:40		8hrs
4-FRI						OB
5-SAT						Off
6-SUN						Off
7-MON	8:18	12:05	12:16	6:13		8hrs
8-TUE	8:09	12:04	12:19	5:11	9mins	7hrs 51mins
9-WED						Holiday
10-THU	8:21	12:07	12:21	5:56		8hrs
11-FRI	7:58	12:21	12:28	7:18		8hrs
12-SAT						Off
13-SUN						Off
14-MON						Absent
15-TUE						Absent
16-WED						SUSPENDED 12:00 pm 11:59 pm
17-THU						Holiday
18-FRI						Holiday
19-SAT						Off
20-SUN						Off
21-MON	8:24	12:05	12:14	5:04		8hrs
22-TUE	7:58	12:07	12:09	5:18		8hrs
23-WED	8:29	12:07	12:27	5:49		8hrs
24-THU	8:26	12:07	12:21	5:38		8hrs
25-FRI	8:01	12:09	12:11	5:05	1min	7hrs 59mins
26-SAT						Off
27-SUN						Off
28-MON						101ST VSU ANNIVERSARY
29-TUE						101ST VSU ANNIVERSARY
30-WED						101ST VSU ANNIVERSARY

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.


ZYRA MAY H. CENTINO

VERIFIED as to prescribed office hours


LEMUEL S. PRECIADOS

 Department Head
 Department of Economics
**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

**LIST 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 en route 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
 A 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