

DAILY TIME RECORD**SALAS, FELIX M.**
(NAME)

For the month of

May 1 - 31, 2022

Official hours for arrival and departure

8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SUN						Off
2-MON	7:41	11:59	12:57	5:03		8hrs
3-TUE						Holiday
4-WED	7:45	12:02	12:40	5:26		8hrs
5-THU	7:52	12:00	12:15	5:09		8hrs
6-FRI	7:57	12:00	12:16	5:06		8hrs
7-SAT						Off
8-SUN						Off
9-MON						Holiday
10-TUE	7:57	12:00	12:18	5:07		8hrs
11-WED	7:57	12:02	12:43	5:05		8hrs
12-THU	7:55	12:00	12:19	5:12		8hrs
13-FRI	7:56	12:01	12:21	5:04		8hrs
14-SAT						Off
15-SUN						Off
16-MON	7:43	12:00	12:22	5:11		8hrs
17-TUE	7:53	12:00	12:21	5:04		8hrs
18-WED	7:52	12:09	12:40	5:02		8hrs
19-THU	6:43	12:11	12:46	5:06		8hrs
20-FRI	7:58	12:03	12:44	5:39		8hrs
21-SAT						Off
22-SUN						Off
23-MON	SICK LEAVE					Absent
24-TUE	Special Privilege Leave					Absent
25-WED	Special Privilege Leave					Absent
26-THU	Special Privilege Leave					Absent
27-FRI	Forced Leave					Absent
28-SAT						Off
29-SUN						Off
30-MON	Forced Leave					Absent
31-TUE	Forced Leave					Absent

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.


FELIX M. SALAS

VERIFIED as to prescribed office hours


ELIZABETH S. QUEVEDO

 Department Head
 Department of Pure and Applied Chemistry

 of the Philippines
TATE UNIVERSITY
 aybay City, Leyte

Stamp of Date of Receipt

ON FOR LEAVE

(Last)	(First)	(Middle)
Salas	Felix	M.
Prof. V		

OF APPLICATION**6.B DETAILS OF LEAVE**

In case of Vacation/Special Privilege Leave:

Within the Philippines _____

Abroad (Specify) _____

In case of Sick Leave:

In Hospital (Specify Illness) _____

Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

In case of Study Leave:

Completion of Master's Degree

BAR/Board Examination Review

Other purpose:

Monetization of Leave Credits

Terminal Leave

6.D COMMUTATION

Not Requested

Requested


FELIX M. SALAS

(Signature of Applicant)

CTION ON APPLICATION**7.B RECOMMENDATION**


For approval

For disapproval due to _____


ELIZABETH S. QUEVEDO

Office/Dept./Unit

(Authorized Officer)

7.D DISAPPROVED DUE TO:

D. E. TULIN
 ident
 ed Official)