



## DAILY TIME RECORD FOR PART-TIME INSTRUCTORS

Name: **BACOLOD, CHRISTIAN N.**

For the Month of: **DECEMBER**

Department: **DLABS**

Year: **2021**

Day	AM						PM						Daily Total (hours)
	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	
1	8:00					12:00	1:00					5:00	8
2	8:00					12:00	1:00					5:00	8
3	8:00					12:00	1:00					5:00	8
4													
5													
6	8:00					12:00	1:00					5:00	8
7	8:00					12:00	1:00					5:00	8
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													
12													
13	8:00					12:00	1:00					5:00	8
14	8:00					12:00	1:00					5:00	8
15													
16													
17													
18													
19													
20	WFH					WFH						WFH	
21	WFH					WFH						WFH	
22	WFH					WFH						WFH	
23	WFH					WFH						WFH	
24	WFH												
25													
26													
27													
28													
29													
30													
31													
<b>GRAND TOTAL</b>													<b>80 HRS.</b>
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).													
							<b>JETT C. QUEBEC</b>						
Signature of Part-time Instructor							Printed Name and Signature of Dept. Head						