ivil Service Form 48

DAILY TIME RECORD GORRE, ELVIRA B.

For the month of June 1 - 30, 2022 Official hours for arrival and departure 8:00AM - 5:00PM

Day	AM		PM		TOTAL	Total
	IN	OUT	IN	OUT	T/U	Total
1-WED	8:00	12:13	12:54	5:34		8hrs
2- THU	7:42	12:36	12:46	5:21		8hrs
3-FRI	8:00	12:17	12:49	5:16		8hrs
4-SAT *						Off
5-SUN						Off
6-MON						SPL
7-TUE						SPL
8-WED	7:56	12:15	1:00	5:07		8hrs
9-THU	7:55	12:18	12:40	5:18		8hrs
10-FRI	7:58	12:03	12:47	5:01		8hrs
11-SAT						Off
12-SUN						Off
13-MON	7:59	12:11	12:41	5:07		8hrs
14-TUE	7:59	12:11	12:46	5:18		8hrs
15-WED	7:59	12:06	12:30	5:28		8hrs
16 -THU	8:10	12:15	12:49	5:37	10mins	7hrs 50mins
17-FRI	8:00	12:00	12:49	5:05		8hrs
18-SAT						Off
19-SUN						Off
20-MON	8:00	12:15	12:40	8:25		8hrs
21-TUE	7:54	12:24	12:52	5:11		8hrs
22-WED	8:00	12:00	12:20	5:44		8hrs
23-THU	8:12	12:12	12:28	5:13	12mins	7hrs 48mins
24 -FRI	8:00	12:00	12:00	5:00		8hrs
25-SAT						Off
26-SUN						Off
27-MON	7:34	12:10	12:48	5:10		8hrs
28-TUE	7:36	12:15	12:54	5:12		8hrs
29-WED	7:55	12:23	12:50	5:19		8hrs
30 -THU	7:53	12:13	12:36	6:51		8hrs

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.

ELVIRA B. GORRE

VERIFIED as to prescribed office hours

ELIZA DESPINOSA

Department Head
Institute of Tropical Ecology & Envi. Mgmt.

ate Generated: Jul/11/2022 04:55:40

Philippines

UNIVERSITY

Stamp of Date of Receipt

City, Leyte

FOR LEAVE

	(Middle)		
ELVIRA	BULAWAN		
	5. SALARY (Monthly)		
ssistant II			
PLICATION			
6.b DETAILS OF	LEAVE:		
In case of vacation ✓ Within the Ph ✓ Abroad (Pls. 9)	on/Special Privilege leave: nilippines : <u>Home</u> Specify) :		
In case of Sick le ☐ In Hospital (F ☐ Out Patient (I	Pls. Specify):		
In case of Special (Specify Illness)	l Leave Benefits for Women:		
	leave: of Master's Degree examination Review		
Other purpose: Monetization Terminal Lea	of Leave Credits		
6.d COMMUTATI	ION		
□ Requested	□ Not Requested		
	GORRE, ELVIRA B.		
	(Signature of Applicant)		
ON APPLICATION	ON		
7.b RECOMMEN	DATION:		
☐ For Approva	al ő		
☐ For Disappr	roval due to:		
	The state of the s		
100	ELIZA D. ESPINOSA		
Institute	of Tropical Ecology & Envi. Mgmt		
7.d DISAPPROVE	ED due to:		
	ę		