



DAILY TIME RECORD FOR PART-TIME INSTRUCTORS

Name: **GALENZOGA, FLORA MAE A.**

For the Month of: **JANUARY**

Department: **DLABS**

Year: **2022**

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

GRAND TOTAL 60 HRS

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).

JETT C. QUEBEC

Signature of Part-time Instructor

Printed Name and Signature of Dept. Head