

DAILY TIME RECORD
MANINGO, LYNDON L.
(NAME)For the month of
April 1 - 30, 2022
Official hours for arrival and departure
8:00AM - 5:00PM

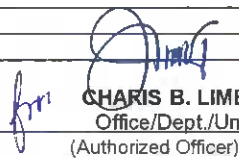
Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-FRI	7:48	12:40	12:48	5:45		Absent
2-SAT						Off
3-SUN						Off
4-MON	6:27	12:00	12:40	6:30		Absent
5-TUE	6:42	12:00	12:40	6:02		Absent
6-WED	6:47	12:00	12:48	6:17		Absent
7-THU	6:45	12:00	12:48	6:09		Absent
8-FRI	6:45	12:00	12:41	5:15		Absent
9-SAT						Off
10-SUN						Off
11-MON						Absent 8:00 am 5:00 pm
12-TUE						Absent 8:00 am 5:00 pm
13-WED						Absent 8:00 am 5:00 pm
14-THU						Off
15-FRI						Off
16-SAT						Off
17-SUN						Off
18-MON	6:38	12:05	12:45	5:03		Absent
19-TUE	6:47	12:00	12:45	6:00		Absent
20-WED	6:12	12:00	12:40	6:04		Absent
21-THU	7:45	12:23	12:48	5:06		Absent
22-FRI	7:38	12:00	12:40	5:10		Absent
23-SAT						Off
24-SUN						Off
25-MON	LEAVE					Absent
26-TUE	7:42	12:00	12:40	5:07		Absent
27-WED	7:11	12:00	12:48	5:12		Absent
28-THU	7:14	12:00	12:49	5:12		Absent
29-FRI	7:16	12:00	12:40	5:00		Absent
30-SAT						Off

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.

LYNDON L. MANINGO

VERIFIED as to prescribed office hours


CHARIS B. LIMBO
 Department Head
 Institute of Human Kinetics
FOR LEAVE

(First)	(Middle)
LYNDON	L.
5. SALARY	
APPLICATION	
6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____ <i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ <i>In case of Study Leave:</i> Completion of Master's Degree _____ BAR/Board Examination Review _____ <i>Other purpose:</i> Monetization of Leave Credits _____ Terminal Leave _____	
6.D COMMUTATION Not Requested _____ Requested _____ (Signature of Applicant)	
NON APPLICATION	
7.B RECOMMENDATION For approval _____ For disapproval due to _____  CHARIS B. LIMBO Office/Dept./Unit (Authorized Officer)	
7.D DISAPPROVED DUE TO: _____ _____ _____	
TULIN nt Official)	