

# **DAILY TIME RECORD** **VILLOCINO, ANDREO P.** (NAME)

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

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-THU						Absent
2-FRI	7:09	12:00	1:00	5:01		8hrs
3-SAT						Off
4-SUN						Off
5-MON	7:56	12:52	12:56	5:08		8hrs
6-TUE	7:43	12:30	12:51	6:18		8hrs
7-WED	7:51	12:40	12:51	7:04		8hrs
8-THU						SL
9-FRI	6:21	12:01	12:19	6:24		8hrs
10-SAT						Off
11-SUN						Off
12-MON	7:31	12:56	12:58	6:19		8hrs
13-TUE	7:28	12:57	12:58	5:01		8hrs
14-WED	7:20	12:49	12:56	5:50		8hrs
15-THU	7:33	12:00	1:01	5:01	1min	7hrs 59mins
16-FRI						SL
17-SAT						Off
18-SUN						Off
19-MON	7:41	12:44	12:50	5:00		8hrs
20-TUE	7:37	12:51	12:53	5:00		8hrs
21-WED	5:54	12:41	12:51	5:05		8hrs
22-THU	7:46	12:41	12:51	5:03		8hrs
23-FRI						OB
24-SAT						Off
25-SUN						Off
26-MON						OB
27-TUE						OB
28-WED	7:40				8hrs	
29-THU	7:48	12:48	12:53	5:00		8hrs
30-FRI	6:18	12:00	1:00	7:00		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.

**ANDREO P. VILLOCINO**

VERIFIED as to prescribed office hours

**RUTH O. ESCASINAS**

Department Head  
 Department of Agronomy

the Philippines

**ATE UNIVERSITY**

Day City, Leyte

Stamp of Date of Receipt

## **ON FOR LEAVE**

(First)	(Middle)
<b>Andreo</b>	<b>Palapar</b>
5. SALARY (Monthly)	
Active Aide III	

## **OF APPLICATION**

### 6.b DETAILS OF LEAVE:

In case of vacation/Special Privilege leave:

- ☐ Within the Philippines :  
☐ Abroad (Pls. Specify) :

In case of Sick leave:

- ☐ In Hospital (Pls. Specify) :  
☒ Out Patient (Pls. Specify) : medical purpose

2) In case of Special Leave Benefits for Women:  
 (Specify Illness)

In case of Study leave:

- ☐ BAR/Board Examination Review  
☐ Completion of Master's Degree  
☐ Completion of Doctorate Degree  
☐ Completion of PHD Degree

Other purpose:

- ☐ Monetization of Leave Credits  
☐ Terminal Leave

### 6.d COMMUTATION

- ☒ Requested ☐ Not Requested

**VILLOCINO, ANDREO P.**

(Signature of Applicant)

## **ON ON APPLICATION**

### 7.b RECOMMENDATION:

- ☐ For Approval  
☐ For Disapproval due to:

**RUTH O. ESCASINAS**

Department of Agronomy

### 7.d DISAPPROVED due to:

**E. TULIN**

and Signature)  
 President