

DAILY TIME RECORD**CAGASAN, ULYSSES A.**

(NAME)

For the month of
June 1 - 30, 2024Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SAT						Off
2-SUN						Off
3-MON	7:29	12:00	12:03	5:00		8hrs
4-TUE	8:00	12:00	1:00	5:00		8hrs
5-WED	7:35	12:01	12:04	5:17		8hrs
6-THU	7:29	12:00	12:02	5:21		8hrs
7-FRI	7:49	12:03	12:07	5:00		8hrs
8-SAT						Off
9-SUN						Off
10-MON	7:37	12:04	12:47	5:20		8hrs
11-TUE	7:58	12:02	12:08	5:06		8hrs
12-WED						Holiday
13-THU	7:44	12:01	12:06	5:03		8hrs
14-FRI	7:28	12:03	12:05	5:00		8hrs
15-SAT						Off
16-SUN						Off
17-MON						Holiday
18-TUE	8:00	12:00	1:00	5:00		8hrs
19-WED	8:00	12:00	1:00	5:00		8hrs
20-THU	8:00	12:00	1:00	5:00		8hrs
21-FRI	8:00	12:00	1:00	5:00		8hrs
22-SAT						Off
23-SUN						Off
24-MON						OB
25-TUE						OB
26-WED						OB
27-THU						OB
28-FRI						OB
29-SAT						OB
30-SUN						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.


ULYSSES A. CAGASAN

VERIFIED as to prescribed office hours

LUZ G. ASIO

Department Head
Department of Agronomy

**CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST
TO GO ON TRAVEL (please check):**

- ☒ Medical Clearance from the VSU Infirmary that the employee has no symptoms of COVID 19
- ☐ Invitation from the organizer of the activity/conference/meeting (if applicable)
- ☒ Certification from the organizer that social distancing and other health/hygiene protocols against COVID 19 (if applicable)
- ☐ Quarantine passes issued by the destination LGU and if possible, together with passes from LGUs enroute to the destination
- ☐ Strong justification from the requesting party duly endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment of the requesting party to religiously comply with health/hygiene protocols during the trip
- ☐ Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme
- ☐ Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her 14 days work from home scheme
- ☐ Clearance issued by the Nurse on duty 30 minutes prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus

Certified Correct:


ULYSSES A. CAGASAN

Name of Travelling Employee

Noted/Verified except Clearance from Nurse:


LUZ G. ASIO

Name of Office Head/Supervisor