

**DAILY TIME RECORD****PAUSANOS, MIKE B.**

(NAME)

For the month of

May 1 - 31, 2022

Official hours for arrival and departure

8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SUN						Off
2-MON		CAL	LEAVE			Absent
3-TUE						Holiday
4-WED		CAL	LEAVE			Absent
5-THU						Absent
6-FRI						Absent
7-SAT						Off
8-SUN						Off
9-MON						Holiday
10-TUE		CAL	LEAVE			Absent
11-WED	5:58	12:00	12:55	5:02		8hrs
12-THU	7:35	12:32	12:46	5:01		8hrs
13-FRI	7:08	12:27	12:42	5:02		8hrs
14-SAT						Off
15-SUN						Off
16-MON	7:03	12:31	12:51	5:04		8hrs
17-TUE	7:08	12:31	12:50	5:04		8hrs
18-WED	7:09	12:20	12:43	5:02		8hrs
19-THU	7:51	12:24	12:44	5:00		8hrs
20-FRI	7:48	12:05	12:20	5:02		8hrs
21-SAT						Off
22-SUN						Off
23-MON	7:29	12:00	12:46	5:02		8hrs
24-TUE	5:39	12:20	12:46	5:02		8hrs
25-WED	5:43	12:47	12:02	5:03		8hrs
26-THU	7:43	12:28	12:43	5:00		8hrs
27-FRI	7:25	12:01	12:26	5:25	8hrs	
28-SAT						Off
29-SUN						Off
30-MON	7:42	12:32	12:51	5:00		8hrs
31-TUE						SPL

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.

*M. P.*  
**MIKE B. PAUSANOS**

VERIFIED as to prescribed office hours

*[Signature]*  
**ROBELYN T. PIAMONTE**

Department Head  
 National Abaca Research Center

Date Generated: Jun/01/2022 05:55:02

ilippines

**NIVERSITY**

, Leyte

Stamp of Date of Receipt

**OR LEAVE**

First)

(Middle)

**Mike****Behasa**

5. SALARY (Monthly)

**Mike III****PLICATION****5.b DETAILS OF LEAVE:**

In case of vacation/Special Privilege leave:

☒ Within the Philippines : home

☐ Abroad (Pls. Specify) :

In case of Sick leave:

☐ In Hospital (Pls. Specify) :

☐ Out Patient (Pls. Specify) :

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

In case of Study leave:

☐ Completion of Master's Degree

☐ BAR/Board Examination Review

Other purpose:

☐ Monetization of Leave Credits

☐ Terminal Leave

**6.d COMMUTATION**

☒ Requested ☐ Not Requested

*M. P.*  
**PAUSANOS, MIKE B.**

(Signature of Applicant)

**ON APPLICATION****7.b RECOMMENDATION:**

☒ For Approval

☐ For Disapproval due to:

*[Signature]*  
**ROBELYN T. PIAMONTE**  
 National Abaca Research Center

**7.d DISAPPROVED due to:**

*[Signature]*  
**. TULIN**

(Signature)  
 resident