

DAILY TIME RECORD**APAS, THELMA P.**
(NAME)For the month of
July 1 - 31, 2022Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-FRI	8:00	12:03	12:49	5:02		8hrs
2-SAT						Off
3-SUN						Off
4-MON	8:02	12:02	12:42	5:01	2mins	7hrs 58mins
5-TUE						Absent
6-WED	8:00	12:10	1:00	5:01		8hrs
7-THU	8:00	12:10	1:00	5:00		8hrs
8-FRI	7:56	12:30	12:52	5:04		8hrs
9-SAT						Off
10-SUN						Off
11-MON	8:01	12:00	12:42	5:00	1min	7hrs 59mins
12-TUE	7:52	12:13	12:35	5:00		8hrs
13-WED	7:52	12:13	12:31	5:04		8hrs
14-THU	7:50	12:00	12:55	5:07		8hrs
15-FRI	7:47	12:08	12:44	5:04		8hrs
16-SAT						Off
17-SUN						Off
18-MON	7:55	12:04	12:34	5:04		8hrs
19-TUE	8:04	12:10	12:33	5:10	4mins	7hrs 56mins
20-WED	7:53	12:37	12:36	5:05		8hrs
21-THU	8:00	12:05	12:24	5:06		8hrs
22-FRI	8:11	12:03	12:39	5:02	11mins	7hrs 49mins
23-SAT						Off
24-SUN						Off
25-MON	7:57	12:03	12:29	5:02		8hrs
26-TUE	8:07	12:02	12:35	5:05	7mins	7hrs 53mins
27-WED	7:57	12:16	12:34	5:04		8hrs
28-THU	7:54	12:22	12:21	5:04		8hrs
29-FRI	8:02	12:11	12:26	5:04	2mins	7hrs 58mins
30-SAT						Off
31-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.


THELMA P. APAS

VERIFIED as to prescribed office hours


ELIZABETH S. QUEVEDO

 Department Head
 Department of Pure and Applied Chemistry

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IVERSITY

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Stamp of Date of Receipt

R LEAVE

First)	(Middle)
Thelma	Polo
	5. SALARY (Monthly)
Aide VI	

ICATION**b DETAILS OF LEAVE:**

n case of vacation/Special Privilege leave:

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

n case of Sick leave:

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

n case of Special Leave Benefits for Women:
Specify Illness)

n case of Study leave:

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

ther purpose:

- ☐ Monetization of Leave Credits
☐ Terminal Leave

d COMMUTATION

- ☒ Requested ☐ Not Requested


APAS, THELMA P.

(Signature of Applicant)

APPLICATION**b RECOMMENDATION:**

- ☐ For Approval
☐ For Disapproval due to:


ELIZABETH S. QUEVEDO

Department of Pure and Applied Chemistry

i DISAPPROVED due to:

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