

DAILY TIME RECORD **ESCASINAS, RUTH O.** (NAME)

For the month of
December 1 - 31, 2021
Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-WED	8:10	12:10	1:00	5:10		Absent
2-THU	8:10	12:10	1:10	5:10		Absent
3-FRI		- CDD -				Absent
4-SAT		Saturday				Off
5-SUN		Sunday				Off
6-MON	8:10	12:10	1:10	5:10		Absent
7-TUE	8:10	12:10	1:10	5:10		Absent
8-WED		Holiday				Absent
9-THU	8:10	12:10	1:10	5:10		Absent
10-FRI	8:10	12:10	1:10	5:10		Absent
11-SAT		Saturday				Off
12-SUN		Sunday				Off
13-MON	8:10	12:10	1:10	5:10		Absent
14-TUE	8:10	12:10	1:10	5:10		Absent
15-WED	8:10	12:10	suspension of work			Absent
16-THU		suspension of work				Absent
17-FRI		suspension of work				Absent
18-SAT		Saturday				Off
19-SUN		Sunday				Off
20-MON	8:10	12:10	1:10	5:10		Absent
21-TUE	8:10	12:10	1:10	5:10		Absent
22-WED	8:10	12:10	1:10	5:10		Absent
23-THU	8:10	12:10	1:10	5:10		Absent
24-FRI	8:10	12:10	Holiday			Absent
25-SAT		Saturday				Off
26-SUN		Sunday				Off
27-MON		- CDD -				Absent
28-TUE		- CDD -				Absent
29-WED		- CDD -				Absent
30-THU		Holiday				Absent
31-FRI	8:10	12:10	Holiday			Absent

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.

Ruth O. Escasinas
RUTH O. ESCASINAS

VERIFIED as to prescribed office hours

Ulysses A. Cagasan
ULYSSES A. CAGASAN
Department Head
Department of Agronomy

Philippines
UNIVERSITY
City, Leyte

Stamp of Date of Receipt

FOR LEAVE

st) (First) (Middle)
ESCASINAS RUTH OTAZA
Professor III 5. SALARY

APPLICATION

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

Within the Philippines

Abroad (Specify)

In case of Sick Leave:

In Hospital (Specify Illness)

Out Patient (Specify Illness)

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

Not Requested

Requested

Ruth O. Escasinas
(Signature of Applicant)

ON APPLICATION

7.B RECOMMENDATION

For approval

For disapproval due to

Ulysses A. Cagasan
ULYSSES A. CAGASAN
Office/Dept./Unit
(Authorized Officer)

7.D DISAPPROVED DUE TO:

TULIN

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ficial)