Civil Service Form 48

DAILY TIME RECORD LONGATANG, KLEER JEANN G.

For the month of February 1 - 28, 2025
Official hours for arrival and departure 8:00AM - 5:00PM

| Day | AM | | PM | | ma: | m 1 |
|----------------|------|-------|-------|------|------|---|
| | IN | OUT | IN | OUT | T/U | Total |
| 1-SAT | | | | | | Off |
| 2-SUN | | | | | | Off |
| 3-MON | 7:57 | 12:22 | 12:49 | 5:41 | | 8hrs |
| 4-TUE | 7:53 | 12:08 | 12:49 | 5:39 | | 8hrs |
| 5-WED | 7:06 | 12:05 | 12:48 | 6:04 | | 8hrs |
| 6-тни | 7:56 | 12:09 | 12:40 | 5:41 | | 8hrs |
| 7-FRI | 6:59 | 12:03 | 12:51 | 5:50 | | 8hrs |
| 8-SAT | | | | | | Off |
| 9-sun | | | | | | Off |
| 10 -MON | | | | | | SUSPENDED 8:00 am 11:59 pm |
| 11-TUE | 7:00 | 12:01 | 12:51 | 5:16 | 1 | 8hrs |
| 12-WED | | | | | | CONSULTATIVE MEETING WITH VSU PRESIDENT |
| 13-THU | 7:53 | 12:13 | 12:42 | 5:40 | | 8hrs |
| 14-FRI | 6:55 | 12:04 | 12:51 | 5:37 | | 8hrs |
| 15-SAT | | | | | | Off |
| 16-sun | | | | | | Off |
| 17-MON | 8:01 | 12:09 | 12:43 | 5:40 | 1min | 7hrs 59mins |
| 18-TUE | 6:58 | 12:05 | 12:54 | 6:25 | | 8hrs |
| 19-WED | | | | | | OB |
| 20-THU | 7:09 | 12:10 | 12:50 | 5:41 | | 8hrs |
| 21-FRI | | | | | | SLP |
| 22-SAT | | | | | | Off |
| 23-SUN | | | | | | Off |
| 24-MON | 7:54 | 12:03 | 12:40 | 5:20 | | 8hrs |
| 25-TUE | | | | | | OB |
| 26-WED | 7:58 | 12:03 | 12:41 | 5:38 | | 8hrs |
| 27-THU | 7:48 | 12:07 | 12:36 | 5:59 | | 8hrs |
| 28-FRI | | | | | | OB |

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.

KLEER JEANN G. LONGATANG

VERIFIED as to prescribed office hours

TEOFANES A. PATINDOL

Department Head Institute of Tropical Ecology and Environmental Science



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

| Medical Clearance from the VSU Infirmary that the employee have 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 will be observed for the duration of the activity (in applicable) |
| Quarantine passes issued by the destination LGUs 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 or duty before allowing vehicle to go out of campus |
| |
| Certified Correct: KLEER JEANNIG LONGATANG |
| Name of Travelling Employee |
| Noted/verified except Clearance from Nurse: |
| |
| Name of Office Head/Supervisor |