

DAILY TIME RECORD **POGADO, FRETZELJANE O.** (NAME)

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

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-FRI	8:00	12:05	1:00	5:15		Absent
2-SAT						Off
3-SUN						Off
4-MON	WFH					Absent
5-TUE	WFH					Absent
6-WED	WFH					Absent
7-THU	WFH					Absent
8-FRI	WFH					Off
9-SAT						Off
10-SUN						Absent
11-MON	WFH					Absent
12-TUE	WFH					Absent
13-WED	WFH					Absent
14-THU	WFH					Absent
15-FRI	WFH					Off
16-SAT						Off
17-SUN						Absent
18-MON	WFH					Absent
19-TUE	WFH					Holiday
20-WED	WFH					Absent
21-THU	WFH					Absent
22-FRI	WFH					Off
23-SAT						Off
24-SUN						Absent
25-MON	8:00	12:15	1:11	5:15		Absent
26-TUE	8:05	12:15	1:00	5:00		Absent
27-WED	8:00	12:00	12:55	5:00		Absent
28-THU	8:00	12:15	1:00	5:15		Absent
29-FRI	8:03	12:15	12:55	5:00		Off
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.

FRETZELJANE O. POGADO

VERIFIED as to prescribed office hours

ANALYN M. MAZO

Department Head
Department of Biological Sciences

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VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

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 (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:

RIS MENOZ R. MODINA

Name of Travelling Employee

Noted/verified except Clearance from Nurse :

Name of Office Head/Supervisor