



DAILY TIME RECORD **EDULLANTES, MELODINA P.** (NAME)

For the month of
September 1 - 30, 2025
Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-MON						OB
2-TUE	8:26	12:20	12:40	5:00	26mins	7hrs 34mins
3-WED	8:30	12:35	1:00	5:15	30mins	7hrs 30mins
4-THU						OB
5-FRI	7:26	12:33	12:50	5:09		8hrs
6-SAT						Off
7-SUN						Off
8-MON						OB
9-TUE						OB
10-WED						OB
11-THU						OB
12-FRI						OB
13-SAT						Off
14-SUN						Off
15-MON	9:22	12:37	12:42	5:00	1hr 22mins	6hrs 38mins
16-TUE						OB
17-WED						OB
18-THU						OB
19-FRI	8:22	12:29	12:39	5:00	22mins	7hrs 38mins
20-SAT						Off
21-SUN						Off
22-MON						SUSPENDED 12:01 pm 11:59 pm
23-TUE	9:11	12:15	12:50	5:07	1hr 11mins	6hrs 49mins
24-WED						SL
25-THU						SUSPENDED 12:01 pm 11:59 pm
26-FRI						SUSPENDED 12:01 am 11:59 pm
27-SAT						Off
28-SUN						Off
29-MON						SL
30-TUE						SL

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.

MELODINA P. EDULLANTES

IFIED as to prescribed office hours

LILIAN B. NUÑEZ

Department Head

Barangay Integrated Development Approach for Nutrition Improvement

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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 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:

MELODINA P. EDULLANTES
Travelling Employee

Noted/verified except Clearance from Nurse :

LILIAN B. NUÑEZ
Name of Office Head/Supervisor