

## DAILY TIME RECORD

**PAMELA H. URDANETA**

Name

For the month of

**January 1-31, 2022**

Official hour of arrival

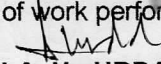
Regular days 8:00am – 5:00am

and departure


Saturdays

| D<br>A<br>Y | A.M.    |           | P.M.    |            | OVERTIME |     |
|-------------|---------|-----------|---------|------------|----------|-----|
|             | Arrival | Departure | Arrival | Departure  | Hours    | Min |
| 1           |         | New Year  |         |            |          |     |
| 2           |         | Sunday    |         |            |          |     |
| 3           |         |           |         |            |          |     |
| 4           |         |           |         |            |          |     |
| 5           |         | Rehab.    | Leave   | w/ Medical | Cert.    |     |
| 6           |         |           |         | & Cert. of |          |     |
| 7           |         |           |         | Accident   |          |     |
| 8           |         | Saturday  |         |            |          |     |
| 9           |         | Sunday    |         |            |          |     |
| 10          |         |           |         |            |          |     |
| 11          |         |           |         |            |          |     |
| 12          |         | Rehab.    | Leave   | Accident   |          |     |
| 13          |         |           |         | w/ Med.    | Cert.    |     |
| 14          |         |           |         | & Cert. of |          |     |
| 15          |         | Saturday  |         | Accident   |          |     |
| 16          |         | Sunday    |         |            |          |     |
| 17          |         |           |         |            |          |     |
| 18          |         |           |         |            |          |     |
| 19          |         | Rehab.    | Leave   | w/ Med.    | Cert.    |     |
| 20          |         |           |         | & Cert. of |          |     |
| 21          |         |           |         | Accident   |          |     |
| 22          |         | Saturday  |         |            |          |     |
| 23          |         | Sunday    |         |            |          |     |
| 24          |         |           |         |            |          |     |
| 25          |         |           |         |            |          |     |
| 26          |         | Rehab.    | Leave   | w/ Med.    | Cert.    |     |
| 27          |         |           |         | & Cert. of |          |     |
| 28          |         |           |         | Accident   |          |     |
| 29          |         | Saturday  |         |            |          |     |
| 30          |         | Sunday    |         |            |          |     |
| 31          |         | x-x-x-x   |         |            |          |     |

I CERTIFY on my honor that the above is a true and correct report to the hours of work performed and departure from office.

  
**PAMELA H. URDANETA**

Verified to the prescribed office hours.

  
**MARISEL A. LEORNA**

In-charge