## DAILY TIME RECORD CAGASAN, ULYSSES A. (NAME)

For the month of August 1 - 31, 2024 Official hours for arrival and departure 8:00AM - 5:00PM

Day	AM		PM			
	IN	OUT	IN	OUT	T/U	Total
1-THU						SL
2-FRI					1	SL
3-SAT					$\top$	Off
4-sun						Off
5-MON	7:33	12:29	1:00	5:01	1	8hrs
6-TUE	7:13	12:24	12:27	5:00		8hrs
7-WED	7:52	12:00	12:03	5:15		8hrs
8-THU						SPL
9-FRI	8:00	12:00	1:00	5:00		8hrs
10-SAT						Off
11-SUN						Off
12-MON	7:43	12:00	12:02	5:01		8hrs
13-TUE	7:57	12:00	12:01	5:02		8hrs
14-WED	7:49	12:01	12:07	5:02		8hrs
15-THU	6:52	12:00	12:03	5:00		8hrs
16-FRI	7:51	12:00	12:14	5:16		8hrs
17-SAT				1		Off
8-SUN						Off
<b>9</b> -MON	6:56	12:00	1:00	5:00		8hrs
O-TUE	8:00	12:07	12:55	5:00	_	8hrs
1-WED	6:48	12:02	12:06	6:18	-	8hrs
<b>2-</b> THU	6:52	12:01	12:02	5:30	-	8hrs
3-FRI				0.00		
4-SAT						Holiday Off
5-SUN						Off
6-MON					_	
7-TUE	7:54	12:02	12:04	5:25		Holiday
3-WED	7:00	12:00	12:03	5:16	_	8hrs
-THU	6:54	12:50	12:58	5:21		Bhrs
)-FRI	7:51	12:02	12:08	5:06		Bhrs
-SAT		-3.02	12.00	5:00		Bhrs 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

ULYSSES A. CAGASAN

VERIFIED as to prescribed office hours

Department Head Department of Agronomy

Date Generated: Sep/17/2024 12:56:47

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Stamp of Date of Receipt

INIVERSITY

y, Leyte

ame and Signature)

sity President

OR LEAVE

(First)	(Middle)				
Ulysses	11110				
	5. SALARY (Monthly)				
VI	P =				
PPLICATION					
6.b DETAILS OF	LEAVE:				
In case of vacation  ⊠ Within the Ph  □ Abroad (Pls. S	on/Special Privilege leave: nilippines : <u>Abuyog, Leyte</u> Specify) :				
In case of Sick le □ In Hospital (F □ Out Patient (F	Pls. Specify) :				
In case of Specia (Specify Illness)	l Leave Benefits for Women:				
☐ Completion of	xamination Review of Master's Degree of Doctorate Degree				
Other purpose:   Monetization  Terminal Lea	of Leave Credits				
6.d COMMUTATION					
⊠ Requested	□ Not Requested				
	CAGASAN, ULYSSES A.				
	(Signature of Applicant)				
ON APPLICATI	ION				
7.b RECOMMEN	IDATION:				
☐ For Approv	al				
□ For Disapp	roval due to:				
	LUZ G ASIO A				
	Department of Agronomy				
7.d DISAPPROV	ED due to:				