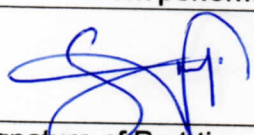




DAILY TIME RECORD FOR PART-TIME INSTRUCTORS

Name: **LORRAINE CRISTY E. CENIZA**
Department: **ITEEM**

For the Month of: **SEPTEMBER**
Year: **2022**

Day	AM						PM						Daily Total (hours)
	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	
1													
2													
3													
4													
5													
6													
7													
8	8:00	12:00					1:00	5:00					8
9	8:00	12:00					1:00	5:00					8
10													
11													
12	8:00	12:00					1:00	5:30					8.5
13	7:00	12:00					1:00	5:30					9.5
14													
15	8:00	12:00					1:00	5:30					8.5
16	7:00	12:00					1:00	5:30					9.5
17													
18													
19	8:00	12:00					1:00	5:30					8.5
20	7:00	12:00					1:00	5:30					9.5
21													
22	8:00	12:00					1:00	5:30					8.5
23	7:00	12:00					1:00	5:30					9.5
24													
25													
26	8:00	12:00					1:00	5:30					8.5
27	7:00	12:00					1:00	5:30					9.5
28													
29	8:00	12:00					1:00	5:30					8.5
30	7:00	12:00					1:00	5:30					9.5
31													
GRAND TOTAL												124	
I HEREBY CERTIFY on my honor that the above record is a true and correct report on the hours of work performed made daily at the time of arrival(s) and departure(s).													
							ELIZA D. ESPINOSA						
Signature of Part-time Instructor							Printed Name and Signature of Dept. Head						