Civil Service Form 48

## DAILY TIME RECORD LAMBERT, BABYLYN C.

For the month of May 1 - 31, 2025 Official hours for arrival and departure
8:00AM - 5:00PM

_	AM		PM		T/U	Total
Day	IN	OUT	IN	OUT	1/0	Total
<b>1-</b> THU.						Holiday
2-FRI	7:12	12:20	12:21	6:01	12mins	7hrs 48mins
3-SAT						Off
4-SUN						Off
5-мо <b></b>	7:43	12:02	12:44	5:26		8hrs
6-TUE	7:02	12:08	12:09	5:24	2mins	7hrs 58mins
7-WED	8:12	12:40	12:41	5:06	12mins	7hrs 48mins
8-тңи	8:04	12:14	12:16	5:48	4mins	7hrs 56mins
9-FRI	6:26	12:16	12:18	5:54		8hrs
10-SAT						Off
11-SUN						Off
12-MON						Holiday
13-TUE	7:00	12:03	12:38	5:30		8hrs
14-WED	6:39	12:13	12:45	5:34		8hrs
<b>15-</b> THU	8:01	12:17	12:18	5:38	1min	7hrs 59mins
16-FRI	6:39	12:17	12:18	5:53		8hrs
17-SAT						Off
18-SUN						Off
19-MON	8:00	12:16	12:18	5:12		9hrs 10mins
<b>20-</b> TUE	7:03	12:19	12:22	5:43		10hrs 37mins
21-WED	7:45	12:18	12:19	5:15		9hrs 29mins
<b>22-</b> THU	7:47	12:31	12:38	5:52		9hrs 58mins
23-FRI	7:48	12:27	1:07	5:30		9hrs 2mins
24-8AT						Off
25-SUN						Off
26-MON	8:00	12:10	12:11	6:02		8hrs
27-TUE	8:00	12:31	12:32	5:30		8hrs
28-WED	8:04	12:20	12:22	5:21	4mins	7hrs 56mins
<b>29-</b> THU	8:06	12:22	12:23	7:23	6mins	7hrs 54mins
30-FRI						CDO
31-SAT						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.

BABYLYN C. LAMBERT

VERIFIED as to prescribed office hours

LEMUEL S. PRECIADOS

Department Head Department of Economics

Philippines

UNIVERSITY

Stamp of Date of Receipt

ity, Leyte

(First)	(Middle)
Babylyn	Carpio
	5. SALARY (Monthly)
essor III	
PPLICATION	
6.b DETAILS OF	LEAVE:
In case of vacati  ☐ Within the P  ☐ Abroad (Pls.	
In case of Sick le ☐ In Hospital ( ☐ Out Patient (	Pls. Specify):
In case of Specia (Specify Illness)	l Leave Benefits for Women:
□ Completion	xamination Review of Master's Degree of Doctorate Degree
Other purpose:   Monetization  Terminal Lea	of Leave Credits ve
6.d COMMUTAT	ION
□ Requested	□ Not Requested
	LAMBERT, BABYLYN C.
	(Signature of Applicant)
ON APPLICATI	0.1
7.b RECOMMEN	DATION:
⊠ For Approv	ıl
□ For Disappi	oval due to:
	Spen
	EMUEL S. PRECIADOS Department of Economics
7.d DISAPPROVI	D due to:
Bu	
YEPES	
Signature)	

sident

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BABYLYN C. LAMBERT

VERIFIED as to prescribed office hours

LEMUEL S. PRECIADOS

Department Head Department of Economics

Philippines

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In case of Specia (Specify Illness)	al Leave Benefits for Women:	
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Other purpose:   Monetization  Terminal Lea	n of Leave Credits ave	
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⊠ Requested	□ Not Requested	
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	(Signature of Applicant)	
ON APPLICATI	ION	
7.b RECOMMEN		
	1	
☑ For Approv		
□ For Disappi	roval due to:	
	LEMUEL S. PRECIADOS	
	Department of Economics	
7.d DISAPPROV	ED due to:	
Bw.		
YEPES		

Signature) sident