

**DAILY TIME RECORD****ARRIBADO, JEROME O.**

(NAME)

For the month of  
**December 1 - 31, 2022**  
 Official hours for arrival and departure  
**8:00AM - 5:00PM**

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-THU						OB
2-FRI	7:57	12:02	12:47	6:01		8hrs
3-SAT						Off
4-SUN						Off
5-MON	7:41	12:00	1:00	5:42		8hrs
6-TUE						OB
7-WED						FL
8-THU						Holiday
9-FRI						CDO
10-SAT						Off
11-SUN						Off
12-MON						OB
13-TUE						OB
14-WED	7:47	12:17	12:35	5:38		8hrs
15-THU	7:35	12:32	12:48	5:58		8hrs
16-FRI	7:40	12:14	12:23	5:01		8hrs
17-SAT						Off
18-SUN						Off
19-MON						CDO
20-TUE						CDO
21-WED						CDO
22-THU						CDO
23-FRI						CDO
24-SAT						Off
25-SUN						Off
26-MON						Holiday
27-TUE						CDO
28-WED						CDO
29-THU						CDO
30-FRI						Holiday
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.

  
**JEROME O. ARRIBADO**

VERIFIED as to prescribed office hours

  
**DHENBER C. LUSANTA**

Department Head  
 Ecological Farm Resource & Management Institute


**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

**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 and if possible, together with passes from LGUs 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:

  
**JEROME O. ARRIBADO**  
 Name of Travelling Employee

Noted/verified except Clearance from Nurse :

  
**DHENBER C. LUSANTA**  
 Name of Office Head/Supervisor