



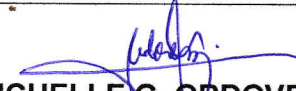
DAILY TIME RECORD FOR PART-TIME INSTRUCTORS

Name: **MICHELLE G. ORDOVEZ**
Department: **DTE**

For the Month of: **December**
Year: **2021**

Day	AM						PM						Daily Total (hours)
	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	
1	8:05	12:05					1:05	5:10					8.5
2	7:50	12:05					1:00	5:15					8.30
3	7:50	12:10					1:00	5:03					8.38
4													
5													
6	7:55	12:00					1:00	4:40					7.75
7	8:30	12:00					1:00	4:40					7.17
8													
9	8:10	12:00					12:59	4:55					7.76
10	8:20	12:00					1:00	5:00					7.67
11													
12													
13	8:30	12:00					1:00	4:40					7.17
14	7:55	12:00					12:58	4:40					7.75
15	8:50	12:01					1:00	4:50					7.01
16	8:10	12:01					1:05	5:00					7.85
17	7:50	12:10					1:00	5:03					8.38
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
GRAND TOTAL													93.69

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).

 MICHELLE G. ORDOVEZ Signature of Part-time Instructor	JOEL Q. MABALHIN Printed Name and Signature of Dept. Head
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