

DAILY TIME RECORD**ALCOBER, ED ALLAN L.**

(NAME)

For the month of

May 1 - 31, 2024

Official hours for arrival and departure

8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-WED						Holiday
2-THU	8:01	12:08	12:48	5:25	1min	7hrs 59mins
3-FRI	7:59	12:04	12:44	6:09		8hrs
4-SAT						Off
5-SUN						Off
6-MON	7:49	12:11	12:32	5:38		8hrs
7-TUE	7:49	12:06	12:23	6:56		8hrs
8-WED	8:06	12:45	12:56	5:19	6mins	7hrs 54mins
9-THU	8:08	12:51	12:52	6:13	8mins	7hrs 52mins
10-FRI	7:50	12:13	12:26	5:03		8hrs
11-SAT						Off
12-SUN						Off
13-MON	7:11	12:05	12:39	5:18		8hrs
14-TUE	7:44	12:14	12:34	7:38		8hrs
15-WED	7:08	12:02	12:04	5:36		8hrs
16-THU						OB
17-FRI						OB
18-SAT						Off
19-SUN						Off
20-MON	6:45	12:55	12:57	5:23		10hrs 36mins
21-TUE	7:40	12:36	12:38	5:01		9hrs 19mins
22-WED	7:06	12:46	12:49	5:30		10hrs 21mins
23-THU	7:48	12:05	12:06	5:06		9hrs 17mins
24-FRI	8:04	12:35	12:54	5:01		8hrs 38mins
25-SAT						Off
26-SUN						Off
27-MON	7:51	12:43	1:08	5:09	8mins	7hrs 52mins
28-TUE	7:28	12:20	12:28	5:04		8hrs
29-WED	7:42	12:23	12:36	5:00		8hrs
30-THU	7:56	12:03	12:25	5:00		8hrs
31-FRI	8:10	12:14	12:23	5:00	10mins	7hrs 50mins

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.

ED ALLAN L. ALCOBER

VERIFIED as to prescribed office hours

LUZ G. ASIO
 Department Head
 Department of Agronomy

**CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST
TO GO ON TRAVEL (please check):**

- ☐ Medical Clearance from the VSU Infirmary that the employee has 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 (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:

ED ALLAN L. ALCOBER

Name of Travelling Employee

Noted/Verified except Clearance from Nurse:

DIONESIO M. BAÑOC

Name of Office Head/Supervisor