Civil Service Form 48

DAILY TIME RECORD BANDE, MARLITO JOSE M.

(NAME)

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

| Day | | AM | | PM | | |
|----------------|------|-------|-------|------|-----|-------|
| | IN | OUT | IN | OUT | T/U | Total |
| 1-FRI | 7:48 | 12:10 | 12:51 | 6:21 | | 8hrs |
| 2-SAT | | | | | | Off |
| 3-SUN | | | | | | Off |
| 4-MON | 7:22 | 12:08 | 12:49 | 6:28 | | 8hrs |
| 5-TUE | 7:06 | 12:08 | 12:51 | 6:21 | | 8hrs |
| 6-WED | 7:10 | 12:08 | 12:48 | 6:30 | | 8hrs |
| 7-THU | | | | | | OB |
| 8-FRI | 7:31 | 12:12 | 12:57 | 6:00 | | 8hrs |
| 9-SAT | | | | | | Off |
| 10-SUN | | | | | | Off |
| 11-MON | 7:10 | 12:09 | 12:43 | 5:44 | | 8hrs |
| 12-TUE | 7:45 | 12:03 | 12:43 | 6:24 | | 8hrs |
| 13-WED | 7:33 | 12:10 | 12:42 | 6:17 | | 8hrs |
| 14- THU | 7:45 | 12:15 | 12:57 | 6:00 | | 8hrs |
| 15-FRI | 7:31 | 12:03 | 12:48 | 6:10 | | 8hrs |
| 16-SAT | | | | | | Off |
| 17-SUN | | | | | | Off |
| 18-MON | 7:04 | 12:09 | 12:50 | 5:27 | | 8hrs |
| 19-TUE | 7:31 | 12:17 | 12:49 | 5:44 | | 8hrs |
| 20-WED | 7:22 | 12:09 | 12:58 | 6:03 | | 8hrs |
| 21-THU | 7:15 | 12:05 | 12:46 | 5:30 | | 8hrs |
| 22-FRI | 7:04 | 12:10 | 12:50 | 5:20 | | 8hrs |
| 23-SAT | | | 3 | | | Off |
| 24-SUN | | | | | | Off |
| 25-MON | | | | | | SL |
| 26-TUE | | | | | | SL |
| 27-WED | 7:44 | 12:10 | 12:51 | 5:56 | | 8hrs |
| 28-THU | 7:07 | 12:00 | 12:38 | 5:10 | | 8hrs |
| 29-FRI | 7:16 | 12:14 | 12:48 | 5:14 | | 8hrs |
| 30-SAT | | | | | | Off |
| 31-SUN | | | | | | 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

MARLITO JOSE M. BANDE

VERIFIED as to prescribed office hours

ELIZA D. ESPINOSA

Department Head Institute of Tropical Ecology & Envi. Mgmt.

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SHAS STATE

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

HECKLIST 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:

MARLITO M. BANDE

Name of Travelling Employee

Noted/verified except Clearance from Nurse :

ELIZA D. ESPINOSA

Name of Office Head/Supervisor

