vil Service Form 48

DAILY TIME RECORD POGOSA, JIMMY O.

(NAME)

For the month of April 1 - 30, 2023 Official hours for arrival and departure 8:00AM - 5:00PM

Day	AM		PM			
	IN	OUT	IN	OUT	T/U	Total
1-SAT						Off
2-sun						Off
3-MON	7:35	12:09	12:52	6:05		8hrs
4-TUE	8:00	12:11	12:55	6:52		8hrs
5-WED						SUSPENDED 12:00 pm 11:59 pm
6-тни						Holiday
7-FRI						Holiday
8-SAT						Off
9-sun						Off
10-MON						Holiday
11-TUE	7:45	12:15	12:56	5:42		8hrs
12-WED	7:40	12:10	12:50	5:22		8hrs
13-THU	7:45	12:15	12:50	5:20		8hrs
14-FRI	7:35	12:09	12:50	5:30		8hrs
15-SAT						Off
16-sun						Off
17-MON						OB
18-TUE						ОВ
19-WED						ОВ
20-THU						OB
21-FRI						ОВ
22-SAT						Off
23-sun						Off
24-MON	7:45	12:16	12:57	5:41		8hrs
25-TUE	7:58	12:18	12:58	5:40		8hrs
26-WED	7:58	12:15	12:53	5:10		8hrs
27-тни						VSU 99TH ANNIVERSARY
28-FRI						VSU 99TH ANNIVERSARY
29-SAT						Off
30-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 office.

JIMMY O. POGOS

VERIFIED as to prescribed office hours

ELIZA D. ESPINOSA
Department Head

Institute of Tropical Ecology & Envi. Mgmt.

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:

JIMMY O POGOSA

Name of Travelling Employee

Noted/verified except Clearance from Nurse :

ELIZA D. ESPINOSA

Name of Office Head/Supervisor