

DAILY TIME RECORD **DELA PEÑA, WENCES REY B.** (NAME)

For the month of
August 1 - 31, 2024
Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-THU	7:56	12:27	12:28	5:42		8hrs
2-FRI	7:53	12:09	12:11	5:10		8hrs
3-SAT						Off
4-SUN						Off
5-MON	7:57	12:17	1:18	5:06	18mins	7hrs 42mins
6-TUE	8:00	12:03	12:04	5:16		8hrs
7-WED	7:47	12:52	12:53	5:14		8hrs
8-THU	7:54	12:20	12:21	5:15		8hrs
9-FRI	7:57	12:01	12:13	5:52		8hrs
10-SAT						Off
11-SUN						Off
12-MON	7:57	12:00	12:01	5:23		8hrs
13-TUE	7:47	12:13	12:14	6:13		8hrs
14-WED	7:57	12:01	12:02	5:21		8hrs
15-THU	7:46	12:42	12:43	5:14		8hrs
16-FRI	7:01	12:43	12:51	5:06		8hrs
17-SAT						Off
18-SUN						Off
19-MON	7:21	12:22	12:51	5:03		8hrs
20-TUE	7:47	12:15	12:34	5:32		8hrs
21-WED						SPL
22-THU						SPL
23-FRI						Holiday
24-SAT						Off
25-SUN						Off
26-MON						Holiday
27-TUE	7:56	12:30	12:38	5:25		8hrs
28-WED	8:00	12:16	12:18	5:27		8hrs
29-THU	7:35	12:42	1:06	5:08	6mins	7hrs 54mins
30-FRI	7:13	12:55	12:57	5:59		8hrs
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.

WENCES REY B. DELA PEÑA

VERIFIED as to prescribed office hours

LUZ G. ASIO

Department Head
Department of Agronomy

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IVERSITY

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Stamp of Date of Receipt

R LEAVE

(First)

(Middle)

Wences Rey

Basllad

5. SALARY (Monthly)

r III

LICATION

6.b DETAILS OF LEAVE:

In case of vacation/Special Privilege leave:

- ☒ Within the Philippines : Home
☐ Abroad (Pls. Specify) :

In case of Sick leave:

- ☐ In Hospital (Pls. Specify) :
☐ Out Patient (Pls. Specify) :

In case of Special Leave Benefits for Women:
(Specify Illness)

In case of Study leave:

- ☐ BAR/Board Examination Review
☐ Completion of Master's Degree
☐ Completion of Doctorate Degree
☐ Completion of PHD Degree

Other purpose:

- ☐ Monetization of Leave Credits
☐ Terminal Leave

6.d COMMUTATION

- ☒ Requested ☐ Not Requested

DELA PEÑA, WENCES REY B.

(Signature of Applicant)

ON APPLICATION

7.b RECOMMENDATION:

- ☒ For Approval
☐ For Disapproval due to:

LUZ G. ASIO

Department of Agronomy

7.d DISAPPROVED due to:

. YEPES

(Signature)
resident