ivi Service Form 48

DAILY TIME RECORD ASIO, LUZ G. (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	1/0	10141
-WED						Holiday
-THU	7:56	12:10	12:11	5:17		8hrs
-FRI	7:47	12:21	12:22	5:23		8hrs
-SAT						Off
5-SUN						Off
6-MON	7:24	12:11	12:11	5:12		8hrs
7-TUE	7:41	12:14	12:15	5:09		8hrs
8-WED	7:38	12:08	12:08	5:01		8hrs
9-тни	7:27	12:51	12:52	5:03		8hrs
10-FRI	7:21	12:08	12:08	5:21		8hrs
11-SAT						Off
12-SUN						Off
13-MON	7:38	12:09	12:10	5:16		8hrs
14-TUE	7:35	12:03	12:04	5:53		8hrs
15-WED	7:43	12:34	12:35	5:11		8hrs
16 -THU	7:16	12:07	12:08	5:13		8hrs
17-FRI	7:46	12:18	12:20	5:07		8hrs
18-SAT						Off
19-SUN						Off
20-MON	7:41	12:21	12:25	5:40		9hrs 55mins
21-TUE	7:27	12:12	12:13	5:15		9hrs 47mins
22-WED	7:49	12:03	12:04	5:05		9hrs 15mins
23-THU	7:35	12:07	12:08	5:20		9hrs 44mins
24-FRI	7:44	12:07	12:09	5:12		9hrs 26mins
25-SAT						Off
26-SUN						Off
27-MON	7:19	12:05	12:11	5:23		8hrs
28-TUE	7:37	12:20	12:20	5:13		8hrs
29-WED	7:12	12:22	12:22	5:22		8hrs
30 -THU						ОВ
31-FRI	7:15	12:20	12:21	5:34		8hrs

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.



VERIFIED as to prescribed office hours

SUZETTE B. LINA

Department Head College of Agricultural & Food Science

ate Generated: Jun/14/2024 03:31:24

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

 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:

LUZ G. ASIO

Name of Travelling Employee

Noted/Verified except Clearance from Nurse:

SUZETTE B. LINA

Name of Office Head/Supervisor