

**DAILY TIME RECORD**  
**MARIA ROBELYN AUREO-INSIK**

(NAME)

For the month of **APRIL 2022**

Official hours for arrival (Regular days: \_\_\_\_\_)

And Departure (Saturdays: \_\_\_\_\_)

DAY	A. M.		P. M.		UNDERTIME	
	Arrival	Departure	Arrival	Departure	Hours	Minutes
1	7:59	12:01	12:58	5:05		
2	SATURDAY					
3	SUNDAY					
4	8:00	12:08	12:56	5:01		
5	7:56	12:10	1:00	5:11		
6	7:55	12:10	12:48	5:08		
7	7:49	12:08	12:45	5:06		
8	7:58	12:03	12:30	5:04		
9	SATURDAY					
10	SUNDAY					
11	SUSPENDED DUE TO AGATHON					
12	SUSPENDED DUE TO AGATHON					
13	SUSPENDED DUE TO AGATHON					
14	MAUNDY THURSDAY					
15	GOOD FRIDAY					
16	SATURDAY					
17	SUNDAY					
18	8:00	12:05	1:00	5:06		
19	7:56	12:12	12:57	5:10		
20	7:55	12:14	12:40	5:03		
21	7:58	12:07	12:55	5:07		
22	7:48	12:11	12:57	5:13		
23	SATURDAY					
24	SUNDAY					
25	CALAMITY LEAVE AGATHON					
26	7:55	12:07	12:50	5:06		
27	7:56	12:11	12:46	5:00		
28	7:58	12:14	12:54	5:03		
29	SICK LEAVE					
30	SATURDAY					
31	NA					

**TOTAL**

I certify on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

VERIFIED as to the prescribed office hours

**ELIZABETH S. QUEVEDO**

In-Charge

Philippines  
 UNIVERSITY  
 of Leyte

Stamp of Date of Receipt

**OR LEAVE**

(First)

(Middle)

**MARIA ROBELYN AUREO****LECTOR I**

5. SALARY \_\_\_\_\_

**APPLICATION****6.B DETAILS OF LEAVE***In case of Vacation/Special Privilege Leave:*

Within the Philippines \_\_\_\_\_

Abroad (Specify) \_\_\_\_\_

*In case of Sick Leave:*

In Hospital (Specify Illness) \_\_\_\_\_

Out Patient (Specify Illness) \_\_\_\_\_

*In case of Special Leave Benefits for Women:*

(Specify Illness) \_\_\_\_\_

*In case of Study Leave:*

Completion of Master's Degree \_\_\_\_\_

BAR/Board Examination Review \_\_\_\_\_

*Other purpose:*

Monetization of Leave Credits \_\_\_\_\_

Terminal Leave \_\_\_\_\_

**6.D COMMUTATION**

Not Requested

Requested

(Signature of Applicant)

**ON APPLICATION****7.B RECOMMENDATION**

For approval

For disapproval due to \_\_\_\_\_

**ELIZABETH S. QUEVEDO**Office/Dept./Unit  
(Authorized Officer)**7.D DISAPPROVED DUE TO:**

TULIN

(Official)