INSIK, MARIA ROBELYN A.

(NAME)

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

Day	AM		PM		max	
	IN	OUT	IN	OUT	T/U	Total
1-SUN						Off
2-MON	8:00	12:00	1:00	5:09		8hrs
3-TUE						Holiday
4-WED						Absent) (ALAMITY
5-THU						Absent / LEAVE
6-FRI						Absent
7-SAT						Off /a
8-sun						Off
9-MON						Holiday
10-TUE						Absent CALAMITY LEAV
11-WED						Absent HORCEO LEAVE
12- THU	8:01	12:01	12:54	5:05	1min	7hrs 59mins
13-FRI	8:07	12:05	12:39	5:01	7mins	7hrs 53mins
14-SAT						Off
15-SUN						Off
16-MON	6:48	12:02	12:26	5:03		8hrs
17-TUE	7:37	12:11	12:48	5:01		8hrs
18-WED	7:54	12:03	12:25	5:03		8hrs
19- THU	8:03	12:09	12:39	5:00	3mins	7hrs 57mins
20-FRI	8:00	12:47	12:48	5:36		8hrs
21-SAT						Off
22-SUN						Off
23-MON	7:43	12:15	12:22	5:02		8hrs
24- TUE						Absent FOACEO LEAVE
25-WED	8:15	12:04	12:34	5:02	15mins	7hrs 45mirs
26- THU	8:03	12:08	12:08	5:02	3mins	7hrs 57mins
27-FRI	8:16	12:07	12:34	5:05	16mins	7hrs 44m ns
28-SAT						Off
29-SUN			4			Off
30-MON	7:52	12:06	12:38	5:02	4hrs	4hrs
31-TUE		12:08	12:44	5:08	8hrs	FIRST BOOSTER SHO

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.

MARIA ROBELYN A. INSIK

VERIFIED as to prescribed office hours

ELIZABETH S. QUEVEDO

Department Head
Department of Pure and Applied Chemistry

Philippines UNIVERSITY City, Leyte

Stamp of Date of Receipt

FOR LEAVE

	(First) (Middle)
	MARIA ROBELYN AUREO
UCTOR	5. SALARY
PPLICA	TION
6.B DE	TAILS OF LEAVE
In ca	ase of Vacation/Special Privilege Leave:
1	Vithin the Philippines
	broad (Specify)
	se of Sick Leave:
In	Hospital (Specify Illness)
	out Patient (Specify Illness)
	se of Special Leave Benefits for Women:
In cas	se of Study Leave:
C	ompletion of Master's Degree
B/	AR/Board Examination Review
	r purpose:
Me	onetization of Leave Credits
Te	erminal Leave
6.D COM	MMUTATION
No	ot Requested
Re	(Signature of Applicant)
ON APP	PLICATION
7 B REC	OMMENDATION
	r approval
	r disapproval due to
_	disapproval due to
_	GM A/
_	- Whear
_	Office/Dept /Unit (Authorized Officer)
7.D DISA	APPROVED DUE TO:

1 of 1

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