



DAILY TIME RECORD FOR PART-TIME INSTRUCTORS

Name: **LORRAINE CRISTY E. CENIZA**



Department: **ITEEM**

For the Month of: **APRIL**

Year: **2022**

Day	AM						PM						Daily Total (hours)
	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	
1	7:00	12:00					1:00	5:00					9
2													
3													
4	7:00	12:00					2:00	5:30					8.5
5	8:00	12:00					1:00	5:00					8
6	8:00	12:00					1:00	5:30					8.5
7	8:00	12:00					1:00	5:00					8
8	7:00	12:00					1:00	5:00					9
9													
10													
11													
12	Work/Class Suspension												
13													
14													
15													
16													
17													
18	7:00	12:00					2:00	5:30					8.5
19	8:00	12:00					1:00	5:00					8
20	8:00	12:00					1:00	5:30					8.5
21	8:00	12:00					1:00	5:00					8
22	7:00	12:00					1:00	5:00					9
23													
24													
25	7:00	12:00					1:00	5:30					9.5
26	8:00	12:00					1:00	5:00					8
27	8:00	12:00					1:00	5:30					8.5
28	8:00	12:00					1:00	5:00					8
29	7:00	12:00					1:00	5:00					9
30													
31													
GRAND TOTAL													136

I HEREBY CERTIFY on my honor that the above record is a true and correct report on the hours of work performed made daily at the time of arrival(s) and departure(s).

	
Signature of Part-time Instructor	Printed Name and Signature of Dept. Head