

**DAILY TIME RECORD****CAPIN, ORLAN C.**

(NAME)

For the month of

March 1 - 31, 2024

Official hours for arrival and departure

8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-FRI	6:23	12:01	12:03	5:01		8hrs
2-SAT						Off
3-SUN						Off
4-MON	6:49	12:08	12:10	5:02		8hrs
5-TUE	7:10	12:04	12:05	5:03		8hrs
6-WED	6:48	12:01	12:02	5:03		8hrs
7-THU	6:37	12:12	12:13	5:04		8hrs
8-FRI	7:11	12:03	12:04	8:19		8hrs
9-SAT						Off
10-SUN						Off
11-MON	7:09	12:02	12:04	5:10		8hrs
12-TUE	7:18	12:07	12:13	5:02		8hrs
13-WED	7:05	12:01	12:02	5:00		8hrs
14-THU	6:58	12:33	12:34	5:22		8hrs
15-FRI	7:15	12:03	12:04	5:25		8hrs
16-SAT						Off
17-SUN						Off
18-MON	7:14	12:03	12:04	5:00		8hrs
19-TUE	7:15	12:09	12:11	5:01		8hrs
20-WED						OB
21-THU						OB
22-FRI	7:01	12:05	12:10	5:01		8hrs
23-SAT						Off
24-SUN						Off
25-MON						OB
26-TUE						OB
27-WED						SUSPENDED 12:00 pm 11:59 pm
28-THU						Holiday
29-FRI						Holiday
30-SAT						Off
31-SUN						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.

  
**ORLAN C. CAPIN**

VERIFIED as to prescribed office hours

  
**TEOFANES A. PATINDOL**

Department Head  
 Institute of Tropical Ecology & Envi. Mgmt.

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

**CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST  
 TO GO ON TRAVEL (please check):**

- ☐ Medical Clearance from the VSU Infirmary that the employee have 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 will be observed for the duration of the activity (if applicable)
- ☐ 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:

  
**ORLAN C. CAPIN**

Name of Travelling Employee

Noted/verified except Clearance from Nurse :

\_\_\_\_\_  
 Name of Office Head/Supervisor