



DAILY TIME RECORD FOR PART-TIME INSTRUCTORS

Name: ANG, ROWENA T.

For the Month of: August

Department: Nursing

Year: 2021

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

GRAND TOTAL

24

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

JOEL REY U. ACOB, DNS

Printed Name and Signature of Dept. Head