## DAILY TIME RECORD

## JACOB GLENN F. JANSALIN

(Name)

| For the month of:      | APRIL 2022 |
|------------------------|------------|
| Official hours for arr | ival       |

Regular days \_ Saturdays\_

and departure

UNDERTIME A.M. D Arrival Departure Min. Arrival Departure Hrs. 5:30 8:00 12:00 1:00 1 4:00 7:00 2 SUNDAY 3 7:25 12:00 1:00 5:30 4 5 7:20 12:00 1:00 5:30 6 **LEAVE** LEAVE 7 LEAVE 8 9 HOLIDAY SUNDAY 10 **CLASSES SUSPENDED** 11 12 **CLASSES SUSPENDED CLASSES SUSPENDED** 13 14 15 LENTEN SEASON 16 17 LEAVE 18 **LEAVE** 19 20 7:35 12:00 1:00 5:30 21 8:00 12:00 1:00 5:30 7:50 12:00 1:00 5:30 22 4:00 7:00 23 SUNDAY 24 1:00 5:30 25 7:15 12:00 1:00 5:30 7:35 12:00 26 8:00 12:00 1:00 5:30 27 7:40 12:00 1:00 5:30 28 7:05 12:00 1:00 5:30 29 4:00 7:00 30 31

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

VERIFIED as to the prescribed office hours.

ELIZABETH S. QUEVEDO

In - Charge

ne Philippines TE UNIVERSITY By City, Leyte

Stamp of Date of Receipt

## N FOR LEAVE

| ast)   | (First) (Middle)                                 |  |
|--------|--|--|
| JANS   | ALIN JACOB GLENN F.                              |  |
| Asso   | c. Prof. V                                       |  |
|        | PLICATION  |  |
| JF AP  |  |  |
|        | 6.B DETAILS OF LEAVE                             |  |
|        | In case of Vacation/Special Privilege Leave:     |  |
| 92)    | Within the Philippines                           |  |
|        | Abroad (Specify)                                 |  |
|        | In case of Sick Leave:                           |  |
|        | In Hospital (Specify Illness)                    |  |
| 2)     | 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  |  |
|        | JACOB GLENN F. JANSALIN (Signature of Applicant) |  |
|        |  |  |
| TION   | ON APPLICATION                                   |  |
|        | 7.B RECOMMENDATION                               |  |
| _      | For approval                                     |  |
| -      | For disapproval due to                           |  |
|        |  |  |
|        | G/O wener  |  |
|        | ELIZABETH S. QUEVEDO Office/Dept./Unit           |  |
| _      | (Authorized Officer)                             |  |
| -      |  |  |
|        | 7.D DISAPPROVED DUE TO:                          |  |
|        |  |  |
|        |  |  |
| non    | /  |  |
| O E. T | ULIN   |  |
| sident |  |  |
| ed Off | ICIAI)   |  |