



DAILY TIME RECORD FOR PART-TIME INSTRUCTORS

Name: **MARY ROSE S. COYME**

For the Month of: **December**

Department: **INTEGRATED HIGH SCHOOL-SHS**

Year: **2021**

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

GRAND TOTAL 96

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).

MARY ROSE S. COYME

Signature of Part-time Instructor

SHALOM GRACE C. SUGANO

Printed Name and Signature of Dept. Head