



## DAILY TIME RECORD FOR PART-TIME INSTRUCTORS

Name: **GALENZOGA, FLORA MAE A.**

For the Month of: **NOVEMBER**

Department: **DLABS**

Year: **2021**

Da y	AM						PM						Daily Total (hours)
	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	
1													
2	8:00					12:00	1:00					5:00	8
3	8:00					12:00	1:00					5:00	8
4	8:00					12:00	1:00					5:00	8
5													
6													
7													
8	8:00					12:00	1:00					5:00	8
9	8:00					12:00	1:00					5:00	8
10	8:00					12:00	1:00					5:00	8
11	8:00					12:00	1:00					5:00	8
12													
13													
14													
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	8:00					12:00	1:00					5:00	8
19													
20													
21													
22	8:00					12:00	1:00					5:00	8
23	8:00					12:00	1:00					5:00	8
24	8:00					12:00	1:00					5:00	8
25	8:00					12:00	1:00					5:00	8
26													
27													
28													
29	8:00					12:00	1:00					5:00	8
30													
31													
<b>GRAND TOTAL</b>													<b>128</b>
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).													
							<b>JETT C. QUEBEC</b>						
Signature of Part-time Instructor							Printed Name and Signature of Dept. Head						