

Civil Service Form 48

# **DAILY TIME RECORD** **DELA PENA, WENCES REY B.** (NAME)

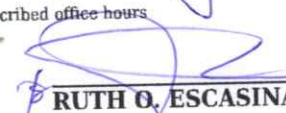
For the month of  
**March 1 - 31, 2023**  
Official hours for arrival and departure  
**8:00AM - 5:00PM**

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-WED	7:51	12:10	12:15	5:38		8hrs
2-THU						FL
3-FRI						FL
4-SAT						Off
5-SUN						Off
6-MON						PAL
7-TUE						PAL
8-WED						PAL
9-THU						PAL
10-FRI						PAL
11-SAT						Off
12-SUN						Off
13-MON						PAL
14-TUE						PAL
15-WED	7:17	12:04	12:55	5:01		8hrs
16-THU	7:38	12:09	12:25	5:29		8hrs
17-FRI	6:42	12:51	12:53	5:02		8hrs
18-SAT						Off
19-SUN						Off
20-MON	7:50	12:05	12:27	5:05		8hrs
21-TUE	7:44	12:07	12:26	5:06		8hrs
22-WED	7:45	12:06	12:58	5:07		8hrs
23-THU	7:24	12:11	12:30	5:05		8hrs
24-FRI	7:01	12:25	12:31	5:14		8hrs
25-SAT						Off
26-SUN						Off
27-MON	7:45	12:01	1:00	5:00		8hrs
28-TUE	7:53	12:05	12:22	5:06		8hrs
29-WED	7:26	12:11	12:44	5:12		8hrs
30-THU	7:57	12:45	12:56	5:12		8hrs
31-FRI	6:44	12:02	12:59	5:04		8hrs

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.

  
**WENCES REY B. DELA PENA**

VERIFIED as to prescribed office hours

  
**RUTH O. ESCASINAS**  
Department Head  
Department of Agronomy

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**IVERSITY**  
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Stamp of Date of Receipt

## R LEAVE

(First)	(Middle)
<b>Wences Rey</b>	<b>Basllad</b>
	5. SALARY (Monthly)
or I	

## ICATION

### 6.b DETAILS OF LEAVE:

In case of vacation/Special Privilege leave:

- ☐ Within the Philippines :  
☐ Abroad (Pls. Specify) :

In case of Sick leave:

- ☐ In Hospital (Pls. Specify) :  
☐ Out Patient (Pls. Specify) :

In case of Special Leave Benefits for Women:  
Specify Illness)

In case of Study leave:

- ☐ BAR/Board Examination Review  
☐ Completion of Master's Degree  
☐ Completion of Doctorate Degree  
☐ Completion of PHD Degree

Other purpose:

- ☐ Monetization of Leave Credits  
☐ Terminal Leave

## d COMMUTATION

- ☒ Requested ☐ Not Requested

  
**DELA PENA, WENCES REY B.**

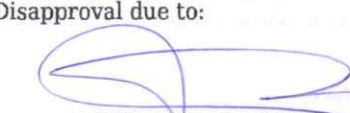
(Signature of Applicant)

## APPLICATION

### b RECOMMENDATION:

- ☒ For Approval

- ☐ For Disapproval due to:

  
**RUTH O. ESCASINAS**  
Department of Agronomy

d DISAPPROVED due to:

IN

(Signature)  
t