DAILY TIME RECORD LONGATANG, KLEER JEANN G.

For the month of October 1 - 31, 2022

Official hours for arrival and departure 8:00AM - 5:00PM

Day	AM		PM		TIT	Total
	IN	OUT	IN	OUT	T/U	lotai
1-SAT						Off
2-SUN						Off
3-MON	7:52	12:31	12:53	5:33		8hrs
4-TUE	7:44	12:06	12:38	5:41		8hrs
5-WED	7:01	12:06	12:23	5:20		8hrs
6-THU	7:39	12:09	12:36	6:13		8hrs
7-FRI	7:29	12:21	12:51	5:58		8hrs
8-SAT						Off
9-SUN						Off
10-MON	7:41	12:33	12:54	5:18		8hrs
11-TUE	7:40	12:09	12:37	5:30		8hrs
12-WED	6:48	12:16	12:40	5:39		8hrs
13- THU	6:52	12:24	12:57	10:40		8hrs
14-FRI						Absent
15-SAT						Off
16-SUN						Off
17-MON						Absent
18-TUE	7:53	12:10	12:50	5:31		8hrs
19-WED	7:30	12:10	12:50	5:30		8hrs
20- THU						Holiday
21-FRI	7:51	12:10	12:40	5:30		8hrs
22-SAT						Off
23-SUN						Off
24-MON	7:40	12:01	12:37	6:01		8hrs
25- TUE	8:04	12:08	12:47	5:05		8hrs
26-WED	7:52	12:10	12:50	5:21		8hrs
27-THU	7:42	12:05	12:50	5:32		8hrs
						8hrs
28-FRI	8:06	2:22	1:00	2:22		SUSPENDED 1:00 pm 7:00 pm
29-SAT						Off
30-SUN						Off
31-MON						Holiday

I CERTIFY on my honor that the above is true and correct report of the hours of wor. performed record of which was made daily at the time of arrival at and departure fro office.

KLEER JEANN G. LONGATANG

VERIFIED as to prescribed office hours

ELIZA D ESPINOSA O

Department Head Institute of Tropical Ecology & Envi. Mgmt.

ilippines

INIVERSITY , Leyte

Stamp of Date of Receipt

OR LEAVE

	(First)	(Middle)					
Ī	Kleer Jeann	Galgo					
Ī		5. SALARY (Monthly)					
r	I						
ΡI	ICATION						
	6.b DETAILS OF LEAVE	I:					
	In case of vacation/Spec □ Within the Philippin □ Abroad (Pls. Specify In case of Sick leave: □ In Hospital (Pls. Spe	es: cify):					
H	☐ Out Patient (Pls. Spe	ecify):					
	In case of Special Leave (Specify Illness)	Benefits for Women:					
	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 Leav Terminal Leave	ve Credits					
1	6.d COMMUTATION						
		Requested KLEBR JEANN G.					
	(Signature of Applicant)						
_	APPLICATION						
17	b RECOMMENDATION	:					
	□ For Approval						
	☐ For Disapproval due	to:					
	Institute of Tropical Roology & Envi. Mgmt.						
7	d DISAPPROVED due to	MIN 22					
	IN ½	ě					