

Civil Service Form 48

# **DAILY TIME RECORD** **MARAÑAN, CLEMENTE N. JR.** (NAME)

For the month of  
**July 1 - 31, 2022**  
 Official hours for arrival and departure  
**8:00AM - 5:00PM**

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-FRI	7:58	12:00	12:12	5:17		8hrs
2-SAT						Off
3-SUN						Off
4-MON	7:47	12:08	12:21	5:14		8hrs
5-TUE	8:12	12:08	12:14	5:20	12mins	7hrs 48mins
6-WED	7:32	12:00	12:56	5:19		8hrs
7-THU	7:39	12:00	12:16	5:13		8hrs
8-FRI	7:33	12:00	12:18	5:39		8hrs
9-SAT						Off
10-SUN						Off
11-MON	6:52	12:00	12:15	5:17		8hrs
12-TUE	7:44	12:09	12:16	5:33		8hrs
13-WED	7:50	12:12	12:23	5:50		8hrs
14-THU	7:38	12:00	12:55	5:09		8hrs
15-FRI	7:41	12:07	12:18	5:35		8hrs
16-SAT						Off
17-SUN						Off
18-MON	6:56	12:18	12:21	5:21		8hrs
19-TUE	7:25	12:02				4hrs (SPL half day)
20-WED	7:39	12:02	12:14	5:09		8hrs
21-THU	7:56	12:04				4hrs (VL half day)
22-FRI						SPL
23-SAT						Off
24-SUN						Off
25-MON	7:52	12:00	12:18	5:48		8hrs
26-TUE	7:52	12:02	12:14	5:07		8hrs
27-WED	7:52	12:01	12:12	5:16		8hrs
28-THU	7:50	12:00	12:16	5:18		8hrs
29-FRI	7:58	12:00	12:17	5:18		8hrs
30-SAT						Off
31-SUN						Off

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.

  
**CLEMENTE N. MARAÑAN JR.**

VERIFIED as to prescribed office hours

  
**RUTH O. ESCASINAS**

Department Head  
 Department of Agronomy

Date Generated: Aug/08/2022 04:17:09

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**VERSITY**

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Stamp of Date of Receipt

**LEAVE**

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	5. SALARY (Monthly)
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**ICATION**

DETAILS OF LEAVE:

ase of vacation/Special Privilege leave:  
 Within the Philippines : son birth date  
 Abroad (Pls. Specify) :

ase of Sick leave:  
 In Hospital (Pls. Specify) :  
 Out Patient (Pls. Specify) :

ase of Special Leave Benefits for Women:  
 eciify illness)

ase of Study leave:  
 Completion of Master's Degree  
 BAR/Board Examination Review

er purpose:  
 Monetization of Leave Credits  
 Terminal Leave

**COMMUTATION**

☒ Requested ☐ Not Requested

  
**MARAÑAN, CLEMENTE N. JR.**

(Signature of Applicant)

**APPLICATION**

**RECOMMENDATION:**

☐ For Approval

☐ For Disapproval due to:

  
**RUTH O. ESCASINAS**

Department of Agronomy

DISAPPROVED due to:

**LIN**

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