



DAILY TIME RECORD FOR PART-TIME INSTRUCTORS

Name: **APRIL ANNE R. FALE, RN**


For the Month of: **DECEMBER**

Department: **NURSING**

Year: **2021**

Day	AM						PM						Daily Total (hours)
	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	
1													
2													
3													
4													
5													
6	8:00					12:00	1:00					5:00	8HOURS
7	8:00					12:00	1:00					5:00	8HOURS
8													
9	8:00					12:00	1:00					5:00	8HOURS
10	8:00					12:00	1:00					5:00	8HOURS
11	8:00					12:00	1:00					5:00	8HOURS
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
GRAND TOTAL													40HRS

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).

	JOEL REY U. ACOB, DNS
Signature of Part-time Instructor	Printed Name and Signature of Dept. Head