


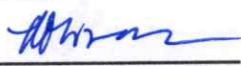
DAILY TIME RECORD**ASIO, LUZ G.**
(NAME)For the month of
January 1 - 31, 2023Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SUN						Off
2-MON						Holiday
3-TUE	7:27	12:02	12:56	6:01		9hrs
4-WED	7:15	12:33	1:06	6:08	6mins	8hrs 54mins
5-THU	7:47	12:00	12:49	5:31		8hrs
6-FRI	7:23	1:05		1:05		5hrs
7-SAT						Off
8-SUN						Off
9-MON	7:27	1:02	2:00	6:00		9hrs
10-TUE	7:30	12:00	12:24	6:00		9hrs
11-WED	7:46	12:11	12:17	6:01		9hrs
12-THU	7:41	12:00	12:49	5:04		8hrs
13-FRI	7:37	1:06		1:06		5hrs
14-SAT						Off
15-SUN						Off
16-MON	7:52	1:05	1:48	6:00		9hrs
17-TUE						SPL
18-WED	6:39	12:00	12:15	6:04		9hrs
19-THU	7:02	12:00	12:15	5:34		8hrs
20-FRI	6:51	1:06		1:06		5hrs
21-SAT						Off
22-SUN						Off
23-MON	7:20	1:03	2:08	6:08	8mins	8hrs 52mins
24-TUE	7:24	12:00	12:54	6:13		9hrs
25-WED	7:31	12:37	12:46	6:04		9hrs
26-THU	6:52	12:00	12:06	5:13		8hrs
27-FRI	7:19	1:06	1:35	5:28		8hrs
28-SAT						Off
29-SUN						Off
30-MON	7:01	1:13	1:50	6:03		8hrs
31-TUE	7:12	12:00	12:11	6:00		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.


LUZ G. ASIO

VERIFIED as to prescribed office hours


RUTH O. ESCASINAS
Department Head
Department of Agronomy

Philippines

UNIVERSITY

ity, Leyte

Stamp of Date of Receipt

FOR LEAVE

(First)	(Middle)
Luz	Geneston
	5. SALARY (Monthly)
rofessor II	

APPLICATION**6.b DETAILS OF LEAVE:**

In case of vacation/Special Privilege leave:

☒ Within the Philippines : Birthday Leave☐ 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**6.d COMMUTATION**☒ Requested ☐ Not Requested
ASIO, LUZ G.

(Signature of Applicant)

ON APPLICATION**7.b RECOMMENDATION:**☒ For Approval☐ For Disapproval due to:
RUTH O. ESCASINAS

Department of Agronomy

7.d DISAPPROVED due to:
L. TULIN(Signature)
resident