

DAILY TIME RECORD **CABASE, MICHELLE AUBREY D.** (NAME)

For the month of
December 1 - 31, 2024
 Official hours for arrival and departure
8:00AM - 5:00PM



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SUN						Off
2-MON	8:07	12:19	12:44	5:49	7mins	7hrs 53mins
3-TUE	7:35	12:10	12:11	6:32		8hrs
4-WED	8:00	12:05	12:50	6:30		8hrs
5-THU	8:07	12:15	12:50	7:19	7mins	7hrs 53mins
6-FRI	8:12	12:01	12:26	5:35	12mins	7hrs 48mins
7-SAT						Off
8-SUN						Off
9-MON	8:12	12:04	12:30	5:05		8hrs 27mins
10-TUE	8:01	12:00	12:08	5:50		9hrs 41mins
11-WED						OB
12-THU						OB
13-FRI	8:13	12:09	12:24	5:00		8hrs 32mins
14-SAT						Off
15-SUN						Off
16-MON	8:08	12:16	12:34	5:18	8mins	7hrs 52mins
17-TUE	8:11	12:06	12:40	5:00	11mins	7hrs 49mins
18-WED	8:00	12:19	12:20	5:07		8hrs
19-THU						EDL
20-FRI	8:00	12:09	12:31	5:01		8hrs
21-SAT						Off
22-SUN						Off
23-MON	7:58	12:32	12:51	5:35		8hrs
24-TUE						Holiday
25-WED						8hrs
26-THU	7:58	12:50	12:55	6:30		8hrs
27-FRI	7:51	12:43	12:43	9:32		Off
28-SAT						Off
29-SUN						Holiday
30-MON						Holiday
31-TUE						

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.

macabarch
MICHELLE AUBREY D. CABASE

VERIFIED as to prescribed office hours

Jim
LEMUEL S. PRECIADOS

Department Head
 Department of Economics

CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):

- ☐ Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19
- ☐ Invitation from the organizer of the activity/conference/meeting (if applicable)
- ☐ Certification from the organizer that social distancing and other health/hygiene protocols against Covid 19 will be observed for the duration of the activity (if applicable)
- ☐ Quarantine passes issued by the destination LGU and if possible, together with passes from LGUs enroute to the destination
- ☐ Strong justification from the requesting party duly endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment of the requesting party to religiously comply with health/hygiene protocols during the trip
- ☐ Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme
- ☐ Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her 14 days work from home scheme
- ☐ Clearance issued by the Nurse on duty 30 minutes prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus

Certified Correct:

macabarch
MICHELLE AUBREY CABASE
 Name of Travelling Employee

Noted/verified except Clearance from Nurse:

 Name of Office Head/Supervisor

PROSELY C. YEPES

(Printed Name and Signature)
 President