

Civil Service Form 48

**DAILY TIME RECORD**  
**DELA PEÑA, WENCES REY B.**  
 (NAME)

For the month of  
**June 1 - 30, 2024**

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

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SAT						Off
2-SUN						Off
3-MON	7:57	12:05	12:55	5:18		8hrs
4-TUE	7:57	12:00	12:02	6:04		8hrs
5-WED	7:56	12:14	12:56	5:14		8hrs
6-THU	7:58	12:12	12:14	5:19		8hrs
7-FRI	8:00	12:05	12:08	5:50		8hrs
8-SAT						Off
9-SUN						Off
10-MON	8:00	12:09	12:10	6:15		8hrs
11-TUE	7:06	12:12	12:14	5:06		8hrs
12-WED						Holiday
13-THU	8:05	12:47	1:00	5:16	5mins	7hrs 55mins
14-FRI						CDO
15-SAT						Off
16-SUN						Off
17-MON						Holiday
18-TUE	8:00	12:00	1:00	5:00		8hrs
19-WED	8:00	12:00	1:00	5:00		8hrs
20-THU	8:00	12:00	1:00	5:00		8hrs
21-FRI	8:00	12:00	1:00	5:00		8hrs
22-SAT						Off
23-SUN						Off
24-MON						CDO
25-TUE	8:00	12:00	1:00	5:00		8hrs
26-WED	8:00	12:00	1:00	5:00		8hrs
27-THU	8:00	12:00	1:00	5:00		8hrs
28-FRI	8:00	12:00	1:00	5:00		8hrs
29-SAT						Off
30-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.

**WENCES REY B. DELA PEÑA**

VERIFIED as to prescribed office hours

**LUZ G. ASIO**

Department Head  
 Department of Agronomy

Opines

VERSITY  
 yte

Stamp of Date of Receipt

**LEAVE**

First)	(Middle)
Vences Rey	Basilad
	5. SALARY (Monthly)
III	

**ICATION**

**DETAILS OF LEAVE:**

n case of vacation/Special Privilege leave:

- ☐ Within the Philippines :  
☐ Abroad (Pls. Specify) :

n case of Sick leave:

- ☐ In Hospital (Pls. Specify) :  
☐ Out Patient (Pls. Specify) :

n case of Special Leave Benefits for Women:  
 Specify Illness)

n case of Study leave:

- ☐ BAR/Board Examination Review  
☐ Completion of Master's Degree  
☐ Completion of Doctorate Degree  
☐ Completion of PHD Degree

ther purpose:

- ☐ Monetization of Leave Credits  
☐ Terminal Leave

**d COMMUTATION**

- ☒ Requested    ☐ Not Requested

**DELA PEÑA, WENCES REY B.**

(Signature of Applicant)

**APPLICATION**

**b RECOMMENDATION:**

☒ For Approval

☐ For Disapproval due to:

**LUZ G. ASIO**

Department of Agronomy

DISAPPROVED due to:

ES