DAILY TIME RECORD ABERILLA, JOVEL M.

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

_	AM		PM		T/U	Total
Day	IN	OUT	IN	OUT	1/0	Total
l-sun						Off
2-MON	Pa	lam	1	eoul	7	Absent
3-TUE	100	MAR	70		12	Holiday
4-WED	7:45	12:05	12:31	5:07	Himbu	8hrs
5-THU	Ca	lam	zy (all		Absent
6-FRI	8:W	12:37	12:39	5:01	3hrs 38mins	4hrs 22mins
7-SAT						Off
8-SUN						Off
9-MON	1+	nun	M		70	Holiday
10-TUE		lamit	1 (00	w	1 Chia	Absent
11-WED	1:0	la W	12:10	-	1 7 1 11111	Absent
12- THU	RiW		12:53	5.0	8nrs	
13-FRI	7:42	12:42	12:43	5:19	_	8hrs
14-SAT						Off
15-SUN						Off
16-MON	8:10	12:46	12:47	6:54	1hr 53mins	6hrs 7mins
17-TUE	6:35	12:24	12:29	5:01	10	8h/s
18-WED	8111	12:11	12:33	5:04	3hrs 29mins	4hrs 31mins
19- THU	8:00	12:00	1:00	CIN		Absent
20-FRI	8=u	1	12:49	5:02	3hrs 47mins	4hrs 13mins
21-SAT						Off
22-SUN						Off
23-MON	8:û	12:0	1:00	(in	110	Absent
24-TUE	8:0			-		Absent
25-WED	8:4			5:10		Absent
26-THU	8.00	_	(2 N)	(EU		Absent
27-FRI	8:4	_	(2W)	(EN	J	Absent
28-SAT	1000	1	,			Off
29-SUN		1				Off
30-MON	· 8:ú	12:4) jiw	T.U		Absent
31-TUE	8:1				11/	Absent

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

JOVEL M. ABERILLA

VERIFIED as to prescribed office hours

CHARIS B. LÍMBO

Department Head Institute of Human Kinetics

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Stamp of Date of Receipt

R LEAVE

_	/F:A\	/A.E. d. all a. V						
	(First)	(Middle)						
,	JOVEL	MIOLE						
10	5. SALARY							
ICATION								
B DETAILS OF LEAVE								
In case of Vacation/Special Privilege Leave:								
Wit	Within the Philippines							
Abı	road (Specify)							
In case of Sick Leave:								
In F	In Hospital (Specify Illness)							
Out Patient (Specify Illness)								
In case of Special Leave Benefits for Women:								
(Specify Illness)								
In cas	e of Study Leave:							
Completion of Master's Degree								
BAR/Board Examination Review								
Other purpose:								
Monetization of Leave Credits								
Terminal Leave								
COMMUTATION								
Not Requested								
Requested								
_	(Signature	of Applicant)						
APPLICATION								
3 RECOMMENDATION								
For approval								
Fo	r disapproval due to							
_								
		7.19						
	CHARI	S B. LIMBO						
_	Office	/Dept./Unit						
	(Authoriz	ed Officer)						
) DIS.	APPROVED DUE TO:							
_								
-								
N								
1)								
7								