DAILY TIME RECORD PLEÑOS, MARY CRIS F.

For the month of February 1 - 28, 2023 Official hours for arrival and departure 8:00AM - 5:00PM

	AM		PM		T/U	Total
Day	IN	OUT	IN	OUT	1/6	IOLAI
1-WED	7:52	12:08	12:09	4:57		8hrs
2- THU	8:34	12:11	12:12	4:38	56mms	7hrs 4mins
3-FRI	8:32	12:21	12:21	4:42	50mins	7hrs 10mins
4- SAT						Off
5-sun						Off
6-MON	8:21	12:00	12:01	4:50	31m-as	7hrs 29mins
7-TUE	8:47	12:07	12:08	4:52	55m:as	7hrs 5mins
8-WED	8:20	12:24	12:24	5:33	20m:ns	7hrs 40mins
9- THU	8:36	12:18	12:18	5:06	36mas	7hrs 24mins
10- FRI	7:50	12:20	12:21	5:27		8hrs
11- SAT						Off
12- SUN						Off
13-MON						SL
14- TUE	8:00	12:05	12:06	5:06		8hrs
15- WED	7:49	12:08	12:09	4:58	2min =	7hrs 58mins
16- THU	7:40	12:05	12:06	5:15		8hrs
17- FRI	8:03	12:15	12:16	5:22	3mics	7hrs 57mins
18- SAT						Off
19-sun						Off
20-MON						OB
21- TUE						OB
22-WED						OB
23-тни	7:02	12:13	12:25	5:27		8hrs
24- FRI						Holiday
25- SAT						Off
26- SUN						Off
27-MON	7:00	12:00	1:00	5:00		8hrs
28- TUE						ОВ

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.

MARY CRIS F. PLEÑOS

VERIFIED as to prescribed office hours

ROMEL B. ARMECIN

Department Head National Abaca Research Center

e Philippines

Stamp of Date of Receipt

E UNIVERSITY

City, Leyte

N F	OR LEAVE						
	(First)	(Middle)					
	Mary Cris	Flores					
		5. SALARY (Monthly)					
uct	or I						
APPLICATION							
	6.b DETAILS OF LEAVE:						
ver	In case of vacation/Special Privilege leave: ☐ Within the Philippines : ☐ Abroad (Pls. Specify) :						
	In case of Sick leave: ☐ In Hospital (Pls. Specify): ☑ Out Patient (Pls. Specify): asthma						
	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 Lea Terminal Leave	ve Credits					
	6.d COMMUTATION						
	☑ Requested ☐ No	☑ Requested ☐ Not Requested					
		Max.					
	PLEÃOS, MARY CRIS F.						
	// (Signat	ture of Applicant)					
N	N ON APPLICATION						
	7.b RECOMMENDATION	N:					
	⊠ For Approval						
]	☐ For Disapproval due to:						
	,	W/					
	ROME B. ARMECIN						
		aca Research Center					
	7.d DISAPPROVED due	te:					
人							
E.	TULIN						
	Signature) sident						