## DAILY TIME RECORD

## ARLIN B. FLANDEZ

ppines (ERSITY Leyte

Stamp of Date of Receipt

Name

For the month of

December 1-31, 2021

Oficial hours of arrival ( Regular Days) \_\_\_\_\_

and departure ( Saturdays)

Day	AM		PM		Undertime	
	Arrival	Departure	Arrival	Departure	Hours	Minutes
1	7:12	12:01	12:55	5:01		
2	7:08	12:02	12:54	5:00		
3	7:00	12:05	12:54	5:01		
4		Saturday	/			
5		Sunday				
6		On leave				
7	7:05	12:03	12:55	5:01		
8		Holiday			_	
9	7:50	12:03	12:55	5:01		
10	7:04	12:01	12:55	5:01		
11		Saturday				
12		Sunday				
13	6:58	12:01	12:55	5:01		
14	7:00	12:02	12:54	5:00		
15	6:58	12:05	Holiday	MC+B2	-	
16		Typhoon	Mc#			
17		Typhoon	MC#	133		
18		Saturday				
19		Sunday				
20	7:00	12:02	12:54	5:00		
21	7:10	12:05	12:54	5:01		
22	7:22	12:05	12:54	5:01		
23	7:05	12:02	12:58	5:01		
24	calamity leave		Holiday			
25		Saturday				
26		Sunday				
27		calamity I	eave			
28	7:15	12:01	12:55	5:01		
29		calamity le	eave			
30		Holiday				
31	calamity	leave	Holiday			
	Total					

I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

ARLIN B. FLANDEZ

Verified as to prescribe office hours.

MARIA TERESA A. CRUZ Internal Auditor IV

## R LEAVE

	(First) (Middle)						
	FLANDEZ ARLIN BRAVO						
	istrative Aide VI 5. SALARY						
	ICATION						
	3 DETAILS OF LEAVE						
	In case of Vacation/Special Privilege Leave:						
1	Within the Philippines						
1	Abroad (Specify)						
	In case of Sick Leave:						
	In Hospital (Specify Illness)						
	Out Patient (Specify Illness)						
4	In case of Special Leave Benefits for Women:						
4	(Specify Illness)						
-							
+	In case of Study Leave:						
+	Completion of Master's Degree						
1	BAR/Board Examination Review						
1	Other purpose:						
1	Monetization of Leave Credits						
1	Terminal Leave						
1	COMMUTATION						
]	Not Requested						
l	Requested (2)						
I	ARLIN BOFLANDEZ						
I.	(Signature of Applicant)						
	APPLICATION						
	RECOMMENDATION						
ı	For approval						
	For disapproval due to						
ı	00.00						
	MARIA TERESA A. CRUZ						
	Office/Dept /Unit						
	(Authorized Officer)						
	DISAPPROVED DUE TO:						
	უ						
1							