

DAILY TIME RECORD**PUGOY, ROSALITO A.**

(NAME)

For the month of

November 1 - 30, 2021

Official hours for arrival and departure

8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-MON	XXXXX					Holiday
2-TUE	6:32	11:05	12:50	5:08		
3-WED	6:27	11:08	12:53	5:06		
4-THU	6:35	11:05	12:50	5:07		
5-FRI	6:33	11:07	12:51	5:05	Byg	
6-SAT						Off
7-SUN						Off
8-MON	XXXXX					HOLIDAY
9-TUE	6:30	11:03	12:50	5:06		
10-WED	6:28	11:06	12:51	5:07		
11-THU	6:29	11:08	12:52	5:05		
12-FRI	6:27	11:05	12:51	5:09	Byg	
13-SAT						Off
14-SUN						Off
15-MON	6:31	11:02	12:55	5:04		
16-TUE	6:27	11:04	12:53	5:06		
17-WED	6:31	11:08	12:51	5:08		
18-THU	6:25	11:05	12:50	5:10	Byg	
19-FRI	6:27	11:04	12:54	5:07		
20-SAT						Off
21-SUN						Off
22-MON	6:30	11:04	12:52	5:05		
23-TUE	6:29	11:07	12:51	5:08		
24-WED	6:31	11:06	12:53	5:03		
25-THU	6:28	11:05	12:54	5:06	Byg	
26-FRI	6:30	11:03	12:54	5:07		
27-SAT						Off
28-SUN						Off
29-MON	6:32	11:08	12:53	5:04		
30-TUE	XXXXX					Holiday

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

Rosalito A. Pugoy
ROSALITO A. PUGOY

VERIFIED as to prescribed office hours

Suzette B. Lina
SUZETTE B. LINA

Department Head
Department of Soil Science

Philippines
E UNIVERSITY
y City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

Last (First) (Middle)
PUGOY ROSALITO AURORA
RM WORKER II 5. SALARY ₱14,800

APPLICATION**8.B DETAILS OF LEAVE**

In case of Vacation/Special Privilege Leave:

Within the Philippines _____

Abroad (Specify) _____

In case of Sick Leave:

In Hospital (Specify Illness) _____

Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

In case of Study Leave:

Completion of Master's Degree _____

BAR/Board Examination Review _____

Other purpose:

Monetization of Leave Credits _____

Terminal Leave _____

8.D COMMUTATION

Not Requested _____

Requested _____

(Signature of Applicant)

RECOMMENDATION ON APPLICATION**7.B RECOMMENDATION**

For approval _____

For disapproval due to _____

Suzette B. Lina
SUZETTE B. LINA

(Authorized Officer)

7.D DISAPPROVED DUE TO:

E. Tulin
Ident
ed Official