

**DAILY TIME RECORD****JACOBE, JOVELYN G.**

(NAME)

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

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-THU	7:48	12:34	12:42	5:03		8hrs
2-FRI	7:48	12:30	12:48	5:21		8hrs
3-SAT						Off
4-SUN						Off
5-MON	7:44	12:28	12:43	6:48		8hrs
6-TUE	7:49	12:06	12:12	5:00		8hrs
7-WED						OB
8-THU						Holiday
9-FRI	7:35	12:08	12:38	5:01		8hrs
10-SAT						Off
11-SUN						Off
12-MON						FL
13-TUE	7:36	12:00	12:03	5:01		8hrs
14-WED	7:55	12:00	12:03	5:01		8hrs
15-THU						FL
16-FRI	7:47	12:45	12:55	5:16		8hrs
17-SAT						Off
18-SUN						Off
19-MON	7:38	12:18	12:28	6:11		8hrs
20-TUE	7:44	12:24	12:46	5:02		8hrs
21-WED	7:40	12:34	12:41	5:01		8hrs
22-THU	7:48	12:09	12:28	5:01		8hrs
23-FRI						FL
24-SAT						Off
25-SUN						Off
26-MON						Holiday
27-TUE						FL
28-WED						SPL
29-THU						SPL
30-FRI						Holiday
31-SAT						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.

**JOVELYN G. JACOBE**

VERIFIED as to prescribed office hours

**ROMEL B. ARMEJIN**  
 Department Head  
 National Abaca Research Center

### HECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):

- ☐ Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19
- ☐ Invitation from the organizer of the activity/conference/meeting (if applicable)
- ☐ Certification from the organizer that social distancing and other health/hygiene protocols against Covid 19 will be observed for the duration of the activity (if applicable)
- ☐ Quarantine passes issued by the destination LGU and if possible, together with passes from LGUs enroute to the destination
- ☐ Strong justification from the requesting party duly endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment of the requesting party to religiously comply with health/hygiene protocols during the trip
- ☐ Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme
- ☐ Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her 14 days work from home scheme
- ☐ Clearance issued by the Nurse on duty 30 minutes prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus

Certified Correct:

\_\_\_\_\_  
 Name of Travelling Employee

Noted/verified except Clearance from Nurse :

\_\_\_\_\_  
 Name of Office Head/Supervisor