

**DAILY TIME RECORD****CAPIN, ORLAN C.**

(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	6:34	12:00	12:03	5:06		8hrs
2-FRI	7:29	12:04	12:12	5:12		8hrs
3-SAT						Off
4-SUN						Off
5-MON	7:13	12:18	12:21	6:11		8hrs
6-TUE	6:04	12:01	12:03	5:23		8hrs
7-WED	6:55	12:28	1:00	5:00		8hrs
8-THU						Holiday
9-FRI						OB
10-SAT						Off
11-SUN						Off
12-MON	6:54	12:20	12:24	5:00		8hrs
13-TUE	7:20	12:52	12:54	5:06		8hrs
14-WED	7:47	12:42	12:43	5:01		8hrs
15-THU	6:51	12:37	12:39	5:02		8hrs
16-FRI	6:46	12:00	1:00	5:37		8hrs
17-SAT						Off
18-SUN						Off
19-MON	6:56	12:06	12:08	6:35		8hrs
20-TUE	7:21	12:14	12:17	5:00		8hrs
21-WED	7:45	12:00	12:02	5:17		8hrs
22-THU	7:50	12:04	12:09	5:00		8hrs
23-FRI						SL
24-SAT						Off
25-SUN						Off
26-MON						Holiday
27-TUE	7:30	12:09	12:15	6:08		8hrs
28-WED	7:34	12:10	12:20	5:01		8hrs
29-THU	7:39	12:26	12:52	5:40		8hrs
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.

ORLAN C. CAPIN

VERIFIED as to prescribed office hours

ELIZA D. ESPINOSA

Department Head
Institute of Tropical Ecology & Envi. Mgmt.

Date Generated: Jan/23/2023 09:09:46

**CHECKLIST 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:

ORLAN C. CAPIN

Name of Travelling Employee

Noted/verified except Clearance from Nurse :

Name of Office Head/Supervisor