ivil Service Form 48

DAILY TIME RECORD GORNE, NELLO D.

June 1 - 30, 2024 Official hours for arrival and departure 8:00AM - 5:00PM

D	AM		PM		T/U	Total
Day	IN	OUT	IN	OUT	1/0	Total
1-SAT	5					Off
2-sun	0					Off
3-MON	7:56	12:01	12:59	5:00		8hrs
4-TUE	7:57	12:02	12:57	5:02		8hrs
5-WED	7:49	12:01	12:49	5:01		8hrs
6-THU	7:59	12:00	12:57	5:22		8hrs
7-FRI	7:56	12:03	12:53	5:05		8hrs
8-SAT	5					Off
9-SUN	0					Off
10-MON	7:58	12:06	12:51	5:03		8hrs
11-TUE	7:52	12:02	12:44	5:08		8hrs
12-WED						Holiday
<b>13-</b> THU	7:35	12:05	12:45	5:07		8hrs
14-FRI	7:53	12:04	12:55	5:04		8hrs
15-SAT	2					Off
16-SUN	0					Off
17-MON						Holiday
18-TUE	7:58	12:10	12:53	5:45		8hrs
<b>19-</b> WED	7:59	12:10	12:58	5:06		8hrs
20-THU	7:58	12:02	12:57	5:17		8hrs
21-FRI	7:45	12:06	12:50	5:12		8hrs
22-SAT	<					Off
23-SUN	0					Off
24-MON						CDO
25-TUE	7:55	12:05	12:45	5:06		8hrs
26-WED	7:59	12:07	12:59	5:03		8hrs
27-THU	7:49	12:00	12:52	5:05		8hrs
28-FRI	7:49	12:03	12:59	5:02		8hrs
29-SAT	6					Off
30-SUN	0					Off
		4	1	_		

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.

NELLO D. GORNE

VERIFIED as to prescribed office hours

Department Head Department of Agronomy

For the month of

Philippines

**E UNIVERSITY** 

Stamp of Date of Receipt

City, Leyte

resident

	(First)	(Middle)			
	Nello	Degracia			
	-	5. SALARY (Monthly)			
of	essor V	Second From Broads by			
\P	PLICATION				
	6.b DETAILS OF LE	AVE:			
er	In case of vacation/S  ☐ Within the Philip ☐ Abroad (Pls. Spe				
	In case of Sick leave: ☐ In Hospital (Pls. Specify): ☐ Out Patient (Pls. Specify):				
	In case of Special Le (Specify Illness)	eave Benefits for Women:			
	In case of Study leav  ☐ BAR/Board Exam  ☐ Completion of M  ☐ Completion of Pl	nination Review (aster's Degree octorate Degree			
	Other purpose:   Monetization of Description of Des	Leave Credits			
	6.d COMMUTATION	T .			
		ORNE, NELLO D.			
	(Sig	gnature of Applicant)			
V (	ON APPLICATION	The second of th			
	7.b RECOMMENDA	ΠΟN:			
7	□ For Approval				
	□ For Disapprova	l due to:			
-	Depa	LUZO. ASIO			
	7.d DISAPPROVED d				
	1 12 50 101				

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