



DAILY TIME RECORD FOR PART-TIME INSTRUCTORS


Name: **KARREN LISTERWAY C. ISAAC**
Department: **ITEEM**

For the Month of: **DECEMBER**
Year: **2021**

Day	AM						PM						Daily Total (hours)
	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	ARR	DEP	
1	7:00	12:00					1:00	5:00					9
2	8:30	12:00					1:00	5:30					8
3	7:00	12:00					1:00	5:00					9
4													
5													
6	7:00	12:00					1:00	5:00					9
7	8:30	12:00					1:00	5:30					8
8	8:00	12:00					1:00	5:00					8
9	8:30	12:00					1:00	5:30					8
10	8:00	12:00					1:00	5:00					8
11													
12													
13	7:00	12:00					1:00	5:00					9
14	8:30	12:00					1:00	5:30					8
15	7:00	12:00					1:00	5:00					9
16	8:30	12:00					1:00	5:30					8
17	7:00	12:00					1:00	5:00					9
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													

GRAND TOTAL 110

I HEREBY CERTIFY on my honor that the above record is a true and correct report on the hours of work performed made daily at the time of arrival(s) and departure(s).

	DR. ELIZA D. ESPINOSA
Signature of Part-time Instructor	Printed Name and Signature of Dept. Head