Civil Service Form 48

DAILY TIME RECORD MARAÑAN, CLEMENTE N. JR.

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

Day	AM		PM		T/U	T-t-1
	IN	OUT	IN	OUT	170	Total
1-SAT						Off
2-SUN						Off
3-MON	6:38	12:05	12:20	5:28		8hrs
4-TUE	6:46	11:31	12:57	5:26		8hrs
5-WED	6:15	12:08	12:14	5:24		8hrs
6-тни	6:56	11:39	12:58	5:15		8hrs
7-FRI	6:33	12:05	12:14	5:49		8hrs
8-SAT						Off
9-SUN						Off
10-MON	6:35	12:03	12:21	5:57		8hrs
11-TUE	7:08	12:04	12:15	5:28	8mins	7hrs 52mins
12-WED	6:19	11:57	12:15	5:27		8hrs
13-THU	6:39	11:44	1:01	5:50	1min	7hrs 59mins
14-FRI	6:49	11:58	12:13	5:47		8hrs
15-SAT						Off
16-SUN						Off
17-MON	6:38	11:58	12:18	5:02		8hrs
18-TUE	7:01	12:00	12:05	5:23	1min	7hrs 59mins
19-WED	6:54	11:51	12:07	5:18		8hrs
20-THU						Holiday
21-FRI	6:28	12:00	12:06	5:21		8hrs
22-SAT						Off
23-SUN						Off
24-MON						SL
25-TUE	7:00	11:57	12:04	5:07		8hrs
26-WED	7:09	11:00	1:00	5:12	9mins	7hrs 51mins
27 -THU	6:53	11:50	12:03	5:17		8hrs
						7hrs 35mins
28-FRI	7:25	11:00	1:00	7:00	25mins	SUSPENDED 1:00 pm 7:00 pm
29-SAT						Off
30-SUN						Off
31-MON						Holiday

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.

CLEMENTE N. MARAÑAN JR.

VERIFIED as to prescribed office hours

RUTH O. ESCASINAS

Department Head Department of Agronomy nilippines

Stamp of Date of Receipt

JNIVERSITY

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	5. SALARY (Monthly)				
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6.b DETAILS OF LI	EAVE:				
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In case of Sick leav □ In Hospital (Pls ⊠ Out Patient (Pls	NATURAL STATES OF THE STATES O				
In case of Special I (Specify Illness)	Leave Benefits for Women:				
In case of Study lea BAR/Board Exa Completion of I Completion of I Completion of I	amination Review Master's Degree Doctorate Degree				
Other purpose: ☐ Monetization o ☐ Terminal Leave					
6.d COMMUTATIO	N .				
⊠ Requested	□ Not Requested				
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	AñAŃ, CLEMENTE N. JR. Signature of Applicant)				
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ON APPLICATIO 7.b RECOMMEND Solve For Approval For Disapproval	Signature of Applicant) N ATION: val due to: RUTH O. ESCASINAS Department of Agronomy				

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l Signature) resident

1 of 1