

Civil Service Form 48

**DAILY TIME RECORD**  
**DELA PEÑA, WENCES REY B.**  
 (NAME)

For the month of  
**July 1 - 31, 2024**  
 Official hours for arrival and departure  
**8:00AM - 5:00PM**

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-MON	8:00	12:00	1:00	5:00		8hrs
2-TUE	8:00	12:00	1:00	5:00		8hrs
3-WED	8:00	12:00	12:07	5:00		8hrs
4-THU	8:00	12:01	12:03	5:07		8hrs
5-FRI	8:03	12:06	12:08	5:31	3mins	7hrs 57mins
6-SAT						Off
7-SUN						Off
8-MON	7:53	12:55	12:58	5:06		8hrs
9-TUE	8:00	12:04	12:17	6:07		8hrs
10-WED	8:02	12:02	12:03	5:09	2mins	7hrs 58mins
11-THU	7:54	12:24	12:26	5:14		8hrs
12-FRI	7:59	12:16	12:18	5:05		8hrs
13-SAT						Off
14-SUN						Off
15-MON	7:55	12:53	12:55	5:01		8hrs
16-TUE	7:59	12:49	12:53	5:12		8hrs
17-WED	7:59	12:35	12:53	5:31		8hrs SUSPENDED 4:30 pm 11:59 pm
18-THU						SUSPENDED 8:00 am 11:59 pm
19-FRI	7:57	12:11	12:47	5:27		8hrs
20-SAT						Off
21-SUN						Off
22-MON						CDO
23-TUE	7:58	12:39	12:44	5:15		8hrs
24-WED	8:01	12:16	12:21	6:55	1min	7hrs 59mins
25-THU	7:59	12:54	12:55	5:33		8hrs
26-FRI	7:57	12:00	12:55	6:29		8hrs
27-SAT						Off
28-SUN						Off
29-MON	7:54	12:50	12:53	5:11		8hrs
30-TUE	7:55	12:06	12:08	5:12		8hrs
31-WED	7:55	12:00	12:59	5:35		8hrs

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.

  
**WENCES REY B. DELA PEÑA**

VERIFIED as to prescribed office hours

  
**LUZ G. ASIO**  
 Department Head  
 Department of Agronomy

Date Generated: Aug/19/2024 02:21:30

Philippines

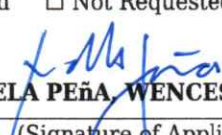
**E UNIVERSITY**  
 City, Leyte

Stamp of Date of Receipt

**FOR LEAVE**

(First)	(Middle)
<b>Wences Rey</b>	<b>Basilad</b>
5. SALARY (Monthly)	
Factor III	

**APPLICATION**

ver	6.b DETAILS OF LEAVE:
	In case of vacation/Special Privilege leave: <input type="checkbox"/> Within the Philippines : <input type="checkbox"/> Abroad (Pls. Specify) :
	In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input type="checkbox"/> Out Patient (Pls. Specify) :
	In case of Special Leave Benefits for Women: (Specify Illness)
	In case of Study leave: <input type="checkbox"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree
	Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested   <b>DELA PEÑA, WENCES REY B.</b> (Signature of Applicant)	

**ON APPLICATION**

re	7.b RECOMMENDATION:
	<input checked="" type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:
	 <b>LUZ G. ASIO</b> Department of Agronomy
7.d DISAPPROVED due to:	

**G. YEPES**  
 (and Signature)  
 President