

DAILY TIME RECORD **CABASE, MICHELLE AUBREY D.**

(NAME)

For the month of
December 1 - 31, 2023

Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-FRI	7:56	12:09	12:09	5:02		8hrs
2-SAT			12:36			
3-SUN						Off
4-MON	7:53	12:11	12:11	5:06		8hrs
5-TUE	7:45	12:05	12:06	5:12		8hrs
6-WED						OB
7-THU						OB
8-FRI						OB
9-SAT						Off
10-SUN						Off
11-MON	7:49	12:09	12:09	5:07		8hrs
12-TUE	7:47	12:02	12:14	5:06		8hrs
13-WED	7:48	12:05	12:06	5:07		8hrs
14-THU	8:03	12:02	12:02	5:03		9hrs
15-FRI	8:03	12:05	12:30	5:01		8hrs 33mins
16-SAT						Off
17-SUN						Off
18-MON						FL
19-TUE						FL
20-WED						FL
21-THU						FL
22-FRI						FL
23-SAT						Off
24-SUN						Off
25-MON						Holiday
26-TUE						Holiday
27-WED						SPL
28-THU						SPL
29-FRI						SPL
30-SAT						Off
31-SUN						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.



MICHELLE AUBREY D. CABASE

VERIFIED as to prescribed office hours



ZYRA MAY H. CENTINO

Department Head
 Department of Economics



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

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:

Name of Travelling Employee

Noted/verified except Clearance from Nurse:

Name of Office Head/Supervisor