

DAILY TIME RECORD**MEJIA, HANZEL N.**

(NAME)

For the month of

August 1 - 31, 2024

Official hours for arrival and departure

8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-THU	7:59	12:17	12:50	5:45		8hrs
2-FRI	7:59	12:06	12:30	5:32		8hrs
3-SAT						Off
4-SUN						Off
5-MON	7:05	12:02	12:54	6:47		8hrs
6-TUE	7:32	12:16	12:50	11:51		8hrs
7-WED	8:00	12:10	12:27	5:02		8hrs
8-THU	9:35	12:01	12:48	6:48	1hr 35mins	6hrs 25mins
9-FRI	7:59	12:01	12:07	5:12		8hrs
10-SAT						Off
11-SUN						OB
12-MON						OB
13-TUE						OB
14-WED	6:33	12:24	12:42	9:18		8hrs
15-THU	7:59	12:04	12:47	5:22		8hrs
16-FRI	7:01	12:08	12:12	5:26		8hrs
17-SAT						Off
18-SUN						Off
19-MON	7:58	12:20	12:52	5:15		8hrs
20-TUE	7:32	12:28	12:51	5:34		8hrs
21-WED	7:51	12:35	12:45	5:42		8hrs
22-THU	9:53	12:02	12:09	5:12	1hr 53mins	6hrs 7mins
23-FRI						Holiday
24-SAT						Off
25-SUN						Off
26-MON						Holiday
27-TUE						OB
28-WED						OB
29-THU						OB
30-FRI						OB
31-SAT						OB

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.



HANZEL N. MEJIA

VERIFIED as to prescribed office hours



JOHN CHRISTIAN L. GAVIOLA

Department Head
Department of Civil Engineering

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER8-Aug-24
Date

Name : HANZEL N. MEJIA
 Designation : Instructor Signature
 Destination : Manila
 Date of Travel : August 11-13, 2024
 Purpose : To process Application for VISA at the French Embassy, Manila.

Total Expenses: _____
 Source of Funds: IAO
 Transportation: [/] University Vehicle
 [] Public Conveyance

Noted/Verified: _____
PROSE IVY G. YEPES
 Office Head/Immediate Supervisor

RECOMMENDING APPROVAL:

College Dean_____
In-charge of funds (If other than the
Dept/Office Head)

NA NA
 VP for Research & Extension Vice Pres. For Instruction

APPROVED:

PROSE IVY G. YEPES
 President

**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:

HANZEL N. MEJIA
 Name of Travelling Employee

Noted/verified except Clearance from Nurse :

PROSE IVY G. YEPES
 Name of Office Head/Supervisor