## DAILY TIME RECORD

## ARLIN B. FLANDEZ

ines RSITY yte

Stamp of Date of Receipt

| 1L | 11.4 | D. | г | LMI | AD |   |
|----|------|----|---|-----|----|---|
|    | _    |    | _ |     |    | _ |

Name

| For | the  | mon | th | of |
|-----|------|-----|----|----|
| FUI | LITE | HOH | uı | OI |

April 1-30, 2022

Oficial hours of arrival ( Regular Days)

RLEAVE

| and departure ( Saturdays)  |                  |                |         | )              | (First) (Middle)  |                               |  |  |  |
|---|------------------|----------------|---------|----------------|---|-------------------------------|--|--|--|
|   | AM PM            |                | M       | Undertime      |   | FLANDEZ ARLIN BRAVO           |  |  |  |
| Day   | Arrival          | Departure      | Arrival | Departure      |   | Minutes                       | strative Aide VI 5. SALARY                   |  |  |
| 1   | 7:25             | 12:06          | 12:58   | 5:01           |   |                               |  |  |  |
| 2   |                  | Saturday       |         |                |   |                               | CATION                                       |  |  |
| 3   |                  | Sunday         |         |                |   |                               | DETAILS OF LEAVE                             |  |  |
| 4   | 6:57             | 12:06          | 12:58   | 5:01           |   |                               | In case of Vacation/Special Privilege Leave: |  |  |
| 5   | 7:30             | 12:07          | 12:53   | 5:00           |   |                               | Within the Philippines                       |  |  |
| 6   | 7:30             | 12:02          | 12:54   | 5:01           |   |                               | Abroad (Specify)                             |  |  |
| 7   | 7:30             | 12:05          | 12:54   | 5:01           |   |                               | n case of Sick Leave:                        |  |  |
| 8   |                  | on Leave       |         |                |   |                               | In Hospital (Specify Illness)                |  |  |
| 9   |                  | Saturday       |         |                |   |                               |  |  |  |
| 10  |                  | Sunday         |         |                |   |                               | Out Patient (Specify Illness)                |  |  |
| 11  | Baybay -EO 138   |                |         |                |   |                               |  |  |  |
| 12  | OP Me            | mo No. 44      | s2022   |                |   |                               | n case of Special Leave Benefits for Women:  |  |  |
| 13  | OP Me            | mo No. 44      | s2022   |                |   |                               | Specify Illriess)                            |  |  |
| 14  |                  | Holiday        |         |                |   |                               |  |  |  |
| 15  |                  | Holiday        |         |                |   |                               | n case of Study Leave:                       |  |  |
| 16  |                  | Saturday       |         |                |   |                               | Completion of Master's Degree                |  |  |
| 17  |                  | Sunday         |         |                |   |                               | BAR/Board Examination Review                 |  |  |
| 18  | Ca               | Calamity Leave |         | Other purpose: |   |                               |  |  |  |
| 19  | 9 Calamity Leave |                |         |                |   | Monetization of Leave Credits |  |  |  |
| 20  | Ca               | lamity Lea     | ave     |                |   |                               | Terminal Leave                               |  |  |
| 21  | 7:30             | 12:06          | 12:58   | 5:01           |   |                               |  |  |  |
| 22  | 7:28             | 12:07          | 12:53   | 5:00           |   |                               | COMMUTATION                                  |  |  |
| 23  |                  | Saturday       |         |                |   |                               | Not Requested                                |  |  |
| 24  |                  | Sunday         |         |                |   |                               | Requested                                    |  |  |
| 25  |                  | on Leave       |         |                |   |                               | ARLIN B. FLANDEZ                             |  |  |
| 26  | 7:05             | 12:02          | 12:54   | 5:01           |   |                               | (Signature of Applicant)                     |  |  |
| 27  | 7:12             | 12:05          | 12:54   | 5:01           |   |                               | APPLICATION 1                                |  |  |
| 28  | Ca               | lamity Lea     | ave     |                |   |                               | RECOMMENDATION                               |  |  |
| 29  | Ca               | lamity Lea     | ave     |                |   |                               | For approval                                 |  |  |
| 30  |                  | Saturday       |         |                |   |                               | For disapproval due to                       |  |  |
| 31  |                  |                |         |                |   |                               | 1 of disapproval due to                      |  |  |
|   | Total            |                |         |                |   |                               |  |  |  |
| I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure |                  |                |         | k performe     | MARIA TERESA A. CRUZ Office/Dept./Unit (Authorized Officer) |                               |  |  |  |
| from office .  ARLIN B. FLANDEZ  Verified as to prescribe office hours.   |                  |                |         |                | DISAPPROVED DUE TO:   |                               |  |  |  |
| MARIA TERESA A. CRUZ  |                  |                |         |                |   |                               |  |  |  |
| Internal Auditor IV   |                  |                |         |                |   | l'                            |  |  |  |
| Internal Additor 19   |                  |                |         |                |   |                               |  |  |  |