Civil Service Form 48

DAILY TIME RECORD ALCOBER, ED ALLAN L.

For the month of April 1 - 30, 2024 Official hours for arrival and departure 8:00AM - 5:00PM

Day	AM		PM		1	1
	IN	OUT	IN	OUT	T/U	Total
1-MON	7:48	12:01	1:00	5:09		8hrs
2-TUE	7:46	12:14	12:45	6:52		8hrs
3-WED	7:17	12:35	12:45	5:21	1	8hrs
4 -THU	7:49	12:27	12:31	5:12		8hrs
5-FRI	7:30	12:11	12:32	6:47		8hrs
6-SAT						Off
7-SUN				1		Off
8-MON	6:35	12:00	12:53	5:04		8hrs
9-TUE						Holiday
10- WED						Holiday
11- THU	7:49	12:05	12:16	5:05		8hrs
12-FRI	12:45	12:10	7:27	5:15		8hrs
13-SAT						Off
14-SUN						Off
15- MON	7:14	12:01	12:07	5:08		8hrs
16-TUE	8:02	12:07	1:06	6:34	8mins	7hrs 52mins
17-WED						ОВ
18- THU	8:00	12:01	12:57	5:08		8hrs
19-FRI	7:40	12:00	12:45	6:57		8hrs
20-SAT						Off
21-SUN						Off
22-MON	8:00	12:10	12:49	17:12		VSU CENTENNIAL ANNIVERSARY CELEBRATION
23- TUE	8:00	12:55	12:08	18:55		VSU CENTENNIAL ANNIVERSARY CELEBRATION
24- WED	8:00	12:05	12:40	17:26		VSU CENTENNIAL ANNIVERSARY CELEBRATION
25- THU	8:00	12:03	12:30	17:15		VSU CENTENNIAL ANNIVERSARY CELEBRATION
26-FRI		ON U	SOVE			SPL
27-SAT						VSU CENTENNIAL ANNIVERSARY CELEBRATION
28-SUN						VSU CENTENNIAL ANNIVERSARY CELEBRATION
29-MON	7:44	12:00	12:28	17:08		VSU CENTENNIAL ANNIVERSARY CELEBRATION
30-TUE	8:01	12:08	12:48	17:10		VSU CENTENNIAL ANNIVERSARY CELEBRATION

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.

LCOBER

VERIFIED as to prescribed office hours

DIONESIO M. BAÑOC Department Head Department of Agronomy

CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):

		Medical Clearance from the VSU Infirmary that				
		the employee has 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 (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				
Ce	ertif	fied Correct:				
/ M_						
		ED ALLAN MALCOBER				

Noted/Verified except Clearance from Nurse:

DIONESIO M. BAÑOC Name of Office Head/Supervisor

Name of Travelling Employee