

Civil Service Form 48

DAILY TIME RECORD**BAÑOC, DIONESIO M.**

(NAME)

For the month of
February 1 - 29, 2024
 Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-THU	7:52	12:20	12:22	5:17		8hrs
2-FRI	7:52	12:34	12:35	5:25		8hrs
3-SAT						Off
4-SUN						Off
5-MON	7:28	12:10	12:17	5:08		8hrs
6-TUE	12:09	12:06	12:09	5:08		8hrs
7-WED	7:40	12:12	12:25	5:40		8hrs
8-THU	7:41	12:23	12:35	5:27		8hrs
9-FRI						Holiday
10-SAT						Off
11-SUN						Off
12-MON	7:33	12:05	12:10	6:16		8hrs
13-TUE	7:56	12:02	12:05	5:56		8hrs
14-WED						FL
15-THU	7:00	12:15	12:16	5:33		8hrs
16-FRI	7:55	12:05	12:06	5:12		8hrs
17-SAT						Off
18-SUN						Off
19-MON	7:53	12:00	12:20	5:59		8hrs
20-TUE	6:50	12:12	12:15	6:11		8hrs
21-WED	7:55	12:21	12:23	5:58		8hrs
22-THU	7:00	12:09	12:15	5:10		8hrs
23-FRI	7:54	12:13	12:14	5:25		8hrs
24-SAT						Off
25-SUN						Off
26-MON	7:54	12:03	12:05	5:05		8hrs
27-TUE	7:32	12:08	12:10	5:52		8hrs
28-WED	7:51	12:15	12:35	5:07		8hrs
29-THU	6:51	12:20	12:27	5:08		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.

DIONESIO M. BAÑOC

VERIFIED as to prescribed office hours

VICTOR B. ASIO

College Dean
 College of Agricultural & Food Science

Philippines

E UNIVERSITY

City, Leyte

Stamp of Date of Receipt

FOR LEAVE

(First)	(Middle)
Dionesio	Maglahus
	5. SALARY (Monthly)
ssor III	

APPLICATION

6.b DETAILS OF LEAVE:

In case of vacation/Special Privilege leave:

☐ Within the Philippines :
☐ Abroad (Pls. Specify) :

In case of Sick leave:

☐ In Hospital (Pls. Specify) :
☐ Out Patient (Pls. Specify) :

In case of Special Leave Benefits for Women:
 (Specify Illness)

In case of Study leave:

☐ BAR/Board Examination Review
☐ Completion of Master's Degree
☐ Completion of Doctorate Degree
☐ Completion of PHD Degree

Other purpose:

☐ Monetization of Leave Credits
☐ Terminal Leave

6.d COMMUTATION

☒ Requested ☐ Not Requested

BAÑOC, DIONESIO M.
 (Signature of Applicant)

ON APPLICATION

7.b RECOMMENDATION:

☒ For Approval
☐ For Disapproval due to:

VICTOR B. ASIO
 College of Agricultural & Food Science

7.d DISAPPROVED due to:

nd Signature)
 President