

**DAILY TIME RECORD****ARMECIN, ROMEL B.**

(NAME)

For the month of

**January 1 - 31, 2023**

Official hours for arrival and departure

**8:00AM - 5:00PM**

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SUN						Off
2-MON						Holiday
3-TUE	8:13	12:39	12:56	5:08	13mins	7hrs 47mins
4-WED	7:42	12:52	12:58	5:02		8hrs
5-THU	7:58	12:52	12:56	5:15		8hrs
6-FRI	7:52	12:04	12:05	4:47	13mins	7hrs 47mins
7-SAT						Off
8-SUN						Off
9-MON						FL
10-TUE						FL
11-WED	7:56	12:21	12:23	5:23		8hrs
12-THU	8:08	12:04	12:06	5:08	8mins	7hrs 52mins
13-FRI	7:54	12:12	12:26	6:13		8hrs
14-SAT						Off
15-SUN						Off
16-MON	7:29	12:46	12:54	5:07		8hrs
17-TUE	8:05	12:49	12:56	5:01	5mins	7hrs 55mins
18-WED	7:57	12:52	12:58	5:06		8hrs
19-THU	7:56	12:42	12:55	5:15		8hrs
20-FRI	7:47	12:01	12:51	5:05		8hrs
21-SAT						Off
22-SUN						Off
23-MON	7:37	12:46	12:55	5:10		8hrs
24-TUE	8:02	12:50	12:55	5:15	2mins	7hrs 58mins
25-WED	7:48	12:44	12:58	5:11		8hrs
26-THU	7:40	12:50	12:58	5:12		8hrs
27-FRI	8:03	12:51	12:58	5:03		8hrs
28-SAT						Off
29-SUN						Off
30-MON	7:51	12:16	12:17	5:14		8hrs
31-TUE	7:39	12:02	12:41	5:20		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.

**ROMEL B. ARMECIN**

VERIFIED as to prescribed office hours

**MARIA JULIET C. CENIZA**

Vice President

Office of the Vice President for Research, Extension and Innovation

Philippines

**UNIVERSITY**

ity, Leyte

Stamp of Date of Receipt

**FOR LEAVE**

(Middle)	
Brigoli	
5. SALARY (Monthly)	
or V	

**APPLICATION****DETAILS OF LEAVE:**

e of vacation/Special Privilege leave:

within the Philippines :

abroad (Pls. Specify) :

e of Sick leave:

Hospital (Pls. Specify) :

ut Patient (Pls. Specify) :

e of Special Leave Benefits for Women:

ify Illness)

e of Study leave:

AR/Board Examination Review

ompletion of Master's Degree

ompletion of Doctorate Degree

ompletion of PHD Degree

purpose:

onetization of Leave Credits

rminal Leave

**COMMUTATION**Requested ☐ Not Requested**ARMECIN, ROMEL B.**

(Signature of Applicant)

**ON APPLICATION****COMMENDATION:**

or Approval

or Disapproval due to:

**MARIA JULIET C. CENIZA**

Office of the Vice President for Research, Extension and Innovation

APPROVED due to:

**. TULIN**

(Signature)

ity President