

DAILY TIME RECORD**POGOSA, JIMMY O.**

(NAME)

For the month of
December 1 - 31, 2022
 Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-THU						OB
2-FRI						OB
3-SAT						OB
4-SUN						OB
5-MON						OB
6-TUE						OB
7-WED						OB
8-THU						Holiday
9-FRI	7:40	12:10	12:48	6:00		8hrs
10-SAT						Off
11-SUN						Off
12-MON	7:30	12:15	12:55	6:00		8hrs
13-TUE	7:20	12:18	12:56	6:10		8hrs
14-WED	7:10	12:20	12:45	5:40		8hrs
15-THU	8:01	12:10	12:45	6:11	1min	7hrs 59mins
16-FRI	7:10	12:05	12:45	5:40		8hrs
17-SAT						OB
18-SUN						OB
19-MON						OB
20-TUE						OB
21-WED						OB
22-THU						OB
23-FRI						OB
24-SAT						Off
25-SUN						Off
26-MON						Holiday
27-TUE	7:00	12:05	12:35	5:40		8hrs
28-WED	6:45	12:10	12:40	6:00		8hrs
29-THU	7:10	12:00	12:40	5:40		8hrs
30-FRI						Holiday
31-SAT						Off

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.

JIMMY O. POGOSA

VERIFIED as to prescribed office hours

ELIZA D. ESPINOSA

Department Head
 Institute of Tropical Ecology & Envi. Mgmt.

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

HECKLIST 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:

JIMMY O. POGOSA

Name of Travelling Employee

Noted/verified except Clearance from Nurse :

ELIZA D. ESPINOSA

Name of Office Head/Supervisor