#### Civil Service Form 48

# **DAILY TIME RECORD** NAYRE, SHIRLEY T.

(NAME)

For the month of October 1 - 31, 2025 Official hours for arrival and departure 8:00AM - 5:00PM

Day	AM		PM		gr/m r	m . 1
	IN	OUT	IN	OUT	T/U	Total
1-WED	7:55	11:45			15mins	3hrs 45mins (SLP half day)
2-THU	7:51	12:12	12:31	5:24		8hrs
3-FRI	7:57	12:04	12:27	5:07		8hrs
4-SAT						Off
5-SUN						Off
6-MON	7:44	12:05	12:39	5:04		8hrs
7-TUE	7:40	12:01	12:06	5:05		8hrs
8-WED			1:25	5:00	25mins	3hrs 35mins (SLP half day)
<b>9-</b> THU	7:48	12:07	12:45	5:09		8hrs
10-FRI	7:55	12:07	12:13		4hrs	4hrs
11-SAT						Off
12-SUN						Off
13-MON	7:56	12:09	12:16	5:11		8hrs
14-TUE	7:54	12:06	12:37	5:03		8hrs
15-WED	7:42	12:04	12:37	5:07		8hrs
<b>16</b> -THU	7:55	12:05	12:40	5:06		8hrs
17-FRI	7:49	12:02	12:45	5:08		8hrs
18-SAT						Off
19-sun						Off
20-MON						Holiday
21-TUE	7:29	12:09	12:31	5:08		8hrs
22-WED	6:56	12:07	1:00	5:05		8hrs
23-THU	7:51	12:04	12:07	5:04		8hrs
24-FRI	7:56	12:01	12:06	5:00		8hrs
25-SAT						Off
26-SUN						Off
27-MON	7:57	12:14	12:50	5:04		8hrs
28-TUE	8:00	12:07	12:12	5:09		8hrs
29-WED	7:01	12:03	12:50	5:04		8hrs
<b>30</b> -THU	8:00	12:03	12:19	5:04		8hrs
31-FRI						Holiday

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.

## **SHIRLEY T. NAYRE**

VERIFIED as to prescribed office hours

#### **CATHERINE C. ARRADAZA**

Department Head Extension Office

# **DAILY TIME RECORD** $\frac{\text{NAYRE, SHIRLEY T.}}{\text{\tiny (NAME)}}$

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## **SHIRLEY T. NAYRE**

VERIFIED as to prescribed office hours

#### **CATHERINE C. ARRADAZA**

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