ivil Service Form 48

# DAILY TIME RECORD EDULLANTES, MELODINA P.

For the month of October 1 - 31, 2025 Official hours for arrival and departure ne Philippines

Stamp of Date of Receipt

## *IE UNIVERSITY*

y City, Leyte

st)

#### N FOR LEAVE

(Middle)

			8:00A	M - 5:00	PM		lodina Petilos		
_	AM		PN	M	T/U	Total		5. SALARY (Monthly)	
Day	IN	OUT	IN	OUT	1/0	Total	The sieliet I		
1-WED	8:00	12:00	12:45	5:03		8hrs	Specialist I	- N- 693xd y 2m E3	
2-тни	7:47	12:26	12:41	5:08		8hrs	APPLICATION	. I make the second of the sec	
3-FRI						FL	_DETAILS OF LEAV	/E:	
4-SAT		Å.				Off			
5-SUN						Off			
6-MON	7:59	12:21	12:56	5:01		8hrs			
7-TUE	8:07	12:14	12:41	5:03	7mins	7hrs 53mins	_	° szad	
8-WED	7:59	12:37	12:52	5:04		8hrs	ise of Sick leave: In Hospital (Pls. Specify):  —)ut Patient (Pls. Specify):		
9-THU						OB			
						16hrs 49mins	— out I duent (FIS. Specify):		
10-FRI	7:37	12:27				SUSPENDED 12:00 pm 11:59 j	se of Special Leave Benefits for Women:  pm_zifv Illness)		
11-SAT						Off			
12-SUN						Off	se of Study leave:		
13-MON	_					ОВ	AR/Board Examination Review		
14-TUE	8:29	12:02	12:44	5:00	29mins	7hrs 31mins	ompletion of Master's Degree ompletion of Doctorate Degree		
15-WED	8:01	12:22	12:43	5:01	1min	7hrs 59mins	rs 59mins ompletion of PHD Degree		
<b>16-</b> THU	8:08	12:12	12:54	5:00	8mins	7hrs 52mins		We promote any a find	
17-FRI	8:07	12:02	12:29	5:00	7mins	7hrs 53mins	purpose: onetization of Leave Credits		
18-SAT						Off			
19-SUN						Off	The state of the s	1 1 4 1 1 1975 N T T T	
20-MON						Holiday	MMUTATION		
<b>21-</b> TUE						ОВ	lequested □ N	ot Requested	
22-WED						ОВ			
23-THU	7:57	12:16	12:54	5:00		8hrs		LLANTES, MELODINA P.	
24-FRI	8:06	12:37	12:41	5:00	6mins	7hrs 54mins		The state of the s	
25-SAT						Off	(5	Signature of Applicant)	
26-SUN						Off	N ON APPLICAT	TION	
27-MON						ОВ	COMMENDATIO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
28-TUE	+					OB		and the first	
29-WED						ОВ		make compared to all the message of	
<b>30-</b> THU	8:26	12:21	12:27	5:00	26mins	7hrs 34mins	or Approval	i i i i i i i i i i i i i i i i i i i	
31-FRI		1				Holiday	or Disapproval d	ue to:	

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.

VERIFIED as to prescribed office hours

### LILIAN B. NUÑEZ

Department Head Barangay Integrated Development Approach for Nutrition Improvement

ate Generated: Dec/05/2025 11:31:38

LILIAN	B. N	Uñ	EZ
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stitute for Strategic Research and Development Studies

SAPPROVED due to:

#### . YEPES

Signature) esident