

DAILY TIME RECORD

ACILO, VIRGILIO C.

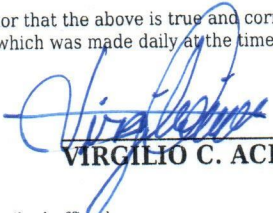
(NAME)

For the month of
January 1 - 31, 2022

Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SAT	NEW YEAR					Off
2-SUN						Off
3-MON	8:31	12:00	12:50	5:00	8hrs	
4-TUE	ABSENT		12:31	5:00	8hrs	
5-WED	8:26	12:02	1:12	5:00	4hrs 26mins	3hrs 34mins
6-THU	8:35	12:07	12:54	3:27	2hrs 8mins	5hrs 52mins
7-FRI	ABSENT		1:03	5:00	8hrs	
8-SAT						Off
9-SUN						Off
10-MON	8:11	12:01	1:01	5:00	4hrs 11mins	3hrs 49mins
11-TUE	CALAMITY LEAVE					Absent
12-WED	CALAMITY LEAVE					Absent
13-THU	CALAMITY LEAVE					Absent
14-FRI	CALAMITY LEAVE					Absent
15-SAT						Off
16-SUN						Off
17-MON	CALAMITY LEAVE					Absent
18-TUE	8:14	12:03	12:08	5:00	4hrs 14mins	3hrs 46mins
19-WED	SICK LEAVE					Absent
20-THU	SICK LEAVE					Absent
21-FRI	8:40	12:00	12:24	5:00	4hrs 40mins	3hrs 20mins
22-SAT						Off
23-SUN						Off
24-MON	WFH					Absent
25-TUE	WFH					Absent
26-WED	WFH					Absent
27-THU	WFH					Absent
28-FRI	WFH					Absent
29-SAT						Off
30-SUN						Off
31-MON	8:12	12:00	12:47	5:00	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.


VIRGILIO C. ACILO

VERIFIED as to prescribed office hours

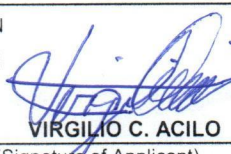
MARIA ROBERTA S. MIRAFLOR

Department Head
Office of the Head of Records and Archives

Philippines
UNIVERSITY
Leyte

Stamp of Date of Receipt

OR LEAVE

(First)	(Middle)
VIRGILIO	CAJERIC
Administrative Aide, III	5. SALARY P
APPLICATION	
B. DETAILS OF LEAVE	
In case of Vacation/Special Privilege Leave:	
Within the Philippines _____	
Abroad (Specify) _____	
In case of Sick Leave:	
In Hospital (Specify Illness) _____	
x Out Patient (Specify Illness) _____	
In case of Special Leave Benefits for Women:	
(Specify Illness) _____	
In case of Study Leave:	
Completion of Master's Degree _____	
BAR/Board Examination Review _____	
Other purpose:	
Monetization of Leave Credits _____	
Terminal Leave _____	
D. COMMUTATION	
Not Requested _____	
Requested 	
VIRGILIO C. ACILO	
(Signature of Applicant)	
E. APPLICATION	
B. RECOMMENDATION	
For approval _____	
For disapproval due to _____	

MARIA ROBERTA S. MIRAFLOR	
(Authorized Officer)	
D. DISAPPROVED DUE TO:	

LIN _____	
(Special)	