

Civil Service Form 48

**DAILY TIME RECORD****GORNE, NELLO D.**

(NAME)

For the month of  
**November 1 - 30, 2022**Official hours for arrival and departure  
**8:00AM - 5:00PM**

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-TUE						Holiday
2-WED	7:58	12:02	12:56	5:08		8hrs
3-THU	7:58	12:04	12:49	5:05		8hrs
4-FRI	7:50	12:54	12:56	5:15		8hrs
5-SAT	S					Off
6-SUN						Off
7-MON	7:49	12:00	1:01	5:06		8hrs
8-TUE	7:58	12:03	12:53	4:58		8hrs
9-WED						SPL
10-THU	7:59	12:03	12:56	5:05		2hrs 8 hrs
11-FRI	7:58	12:00	12:59	5:06	50mins	1min 8 hrs
12-SAT	S					Off
13-SUN						Off
14-MON	8:00	12:04	12:56	5:06	1hr 52mins	4hrs 8mins 8 hrs
15-TUE	7:55	12:01	12:57	6:59	6hrs 56mins	4hrs 4mins 8 hrs
16-WED	7:59	12:11	12:50	5:16		8hrs
17-THU	6:51	12:00	12:50	5:05		2hrs 8 hrs
18-FRI	7:56	12:07	1:00	7:00	53mins	7mins 8 hrs
19-SAT	S					SUSPENDED 1:00 pm 7:00 pm
20-SUN						Off
21-MON						Off
22-TUE						FL
23-WED						FL
24-THU						FL
25-FRI	7:58	12:00	12:56	5:02	56mins	4mins 8 hrs
26-SAT	S					Off
27-SUN						Off
28-MON	7:58	12:00	1:00	5:12	1hr 58mins	4hrs 2mins 8 hrs
29-TUE	8:00	12:00	12:58	5:04	6hrs 50mins	4hrs 2mins 8 hrs
30-WED						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.



**NELLO D. GORNE**

VERIFIED as to prescribed office hours



**RUTH O. ESCASINAS**

Department Head  
Department of Agronomy

Date Generated: Dec/05/2022 09:29:38

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RSITY

Stamp of Date of Receipt

AVE

(Middle)

Degracia

5. SALARY (Monthly)

V

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DETAILS OF LEAVE:

e of vacation/Special Privilege leave:  
within the Philippines : Birthday leave  
road (Pls. Specify) :

e of Sick leave:  
Hospital (Pls. Specify) :  
Patient (Pls. Specify) :

e of Special Leave Benefits for Women:  
fy Illness)

e of Study leave:  
R/Board Examination Review  
mpletion of Master's Degree  
mpletion of Doctorate Degree  
mpletion of PHD Degree

purpose:  
netization of Leave Credits  
rminal Leave

MMUTATION

Requested ☐ Not Requested



**GORNE, NELLO D.**

(Signature of Applicant)

PLICATION

COMMENDATION:

or Approval

or Disapproval due to:



**RUTH O. ESCASINAS**

Department of Agronomy

SAPPROVED due to:

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