

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ABDUL AZIS G. MARIANO**

Emp no.: **1063**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:36	12:14	12:21	05:11	36			
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:33	12:07	12:08	05:28	33			
21	Tue	08:22	12:03	12:05	05:07	22			
22	Wed	08:20	12:36	12:37	05:17	20			
23	Thu	08:32	12:32	12:33	05:01	32			
24	Fri	08:18	12:11	12:13	05:33	18			
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD	12:05	12:07	05:12				
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ABDUL AZIS G. MARIANO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ABDUL AZIS G. MARIANO**

Emp no.: **1063**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:36	12:14	12:21	05:11	36			
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:33	12:07	12:08	05:28	33			
21	Tue	08:22	12:03	12:05	05:07	22			
22	Wed	08:20	12:36	12:37	05:17	20			
23	Thu	08:32	12:32	12:33	05:01	32			
24	Fri	08:18	12:11	12:13	05:33	18			
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD	12:05	12:07	05:12				
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ABDUL AZIS G. MARIANO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: MAHARLIKA R. DUBLIN

Emp no.: 0108

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	08:38	12:12	12:13	05:47	38			
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon		12:11	12:12	06:09				
21	Tue	08:56	12:14	12:16	05:18	56			
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	07:56	12:20	12:21	06:14				
29	Wed	07:53	12:00	12:46	05:15				
30	Thu	08:11	12:11	12:12	05:07	11			
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MAHARLIKA R. DUBLIN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: MAHARLIKA R. DUBLIN

Emp no.: 0108

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	08:38	12:12	12:13	05:47	38			
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon		12:11	12:12	06:09				
21	Tue	08:56	12:14	12:16	05:18	56			
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	07:56	12:20	12:21	06:14				
29	Wed	07:53	12:00	12:46	05:15				
30	Thu	08:11	12:11	12:12	05:07	11			
31									

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MAHARLIKA R. DUBLIN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **POTRE ALEEYAH S. AMPONG** Emp no.: **1110**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	08:05	12:00	12:02	05:07	05			
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	07:41	12:00	12:16	05:03				
14	Tue	07:51	12:28	12:33	05:00				
15	Wed	07:56	12:00	12:02	05:00				
16	Thu	07:48	12:07	12:08	05:00				
17	Fri	08:18	12:00	12:02		18			
18	Sat								
19	Sun								
20	Mon			#DSWD					
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

POTRE ALEEYAH S. AMPONG

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **POTRE ALEEYAH S. AMPONG** Emp no.: **1110**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	08:05	12:00	12:02	05:07	05			
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	07:41	12:00	12:16	05:03				
14	Tue	07:51	12:28	12:33	05:00				
15	Wed	07:56	12:00	12:02	05:00				
16	Thu	07:48	12:07	12:08	05:00				
17	Fri	08:18	12:00	12:02		18			
18	Sat								
19	Sun								
20	Mon			#DSWD					
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

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POTRE ALEEYAH S. AMPONG

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **REGINA MAE R. EPANTO**

Emp no.: **0119**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:00	12:21	12:23	05:23				
14	Tue	07:38	12:17	12:19	06:30				
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

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REGINA MAE R. EPANTO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **REGINA MAE R. EPANTO**

Emp no.: **0119**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:00	12:21	12:23	05:23				
14	Tue	07:38	12:17	12:19	06:30				
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

REGINA MAE R. EPANTO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **KATHREEN MARIZ S. ESTEVA** Emp no.: **1201**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	07:57	12:04	12:05	05:04				
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:06	12:03	12:05	05:06	06			
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	07:59	12:13	12:31	05:00				
21	Tue	08:02	12:02	12:05	05:03	02			
22	Wed	08:00	12:32	12:46	05:02				
23	Thu	07:58	12:11	12:14					
24	Fri	07:55	12:17	12:20	05:03				
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

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KATHREEN MARIZ S. ESTEVA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **KATHREEN MARIZ S. ESTEVA** Emp no.: **1201**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	07:57	12:04	12:05	05:04				
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:06	12:03	12:05	05:06	06			
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	07:59	12:13	12:31	05:00				
21	Tue	08:02	12:02	12:05	05:03	02			
22	Wed	08:00	12:32	12:46	05:02				
23	Thu	07:58	12:11	12:14					
24	Fri	07:55	12:17	12:20	05:03				
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

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KATHREEN MARIZ S. ESTEVA

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Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **FAISAH M. MANGONDAYA**

Emp no.: **1204**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:07		DSWD		07			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

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FAISAH M. MANGONDAYA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **FAISAH M. MANGONDAYA**

Emp no.: **1204**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:07		DSWD		07			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

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FAISAH M. MANGONDAYA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ROSEMAY C. SUMANTING**

Emp no.: **0122**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	07:59	12:21	12:23	05:23				
14	Tue	07:38	12:17	12:19	06:31				
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

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ROSEMAY C. SUMANTING

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ROSEMAY C. SUMANTING**

Emp no.: **0122**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	07:59	12:21	12:23	05:23				
14	Tue	07:38	12:17	12:19	06:31				
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

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ROSEMAY C. SUMANTING

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **KYZYL SHEEN G SALVADOR**

Emp no.: **1344**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	07:43	12:38	12:39	05:15				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

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KYZYL SHEEN G SALVADOR

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **KYZYL SHEEN G SALVADOR**

Emp no.: **1344**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	07:43	12:38	12:39	05:15				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

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KYZYL SHEEN G SALVADOR

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **NOR-ZHAINAB S. ALAWI**

Emp no.: **1358**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:17	12:20	12:21	05:42	17			
14	Tue	08:37	12:33	12:34		37			
15	Wed	DSWD							
16	Thu	08:51			05:32	51			
17	Fri	08:31	12:19	12:20		31			
18	Sat								
19	Sun								
20	Mon	08:39			05:05	39			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

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NOR-ZHAINAB S. ALAWI

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **NOR-ZHAINAB S. ALAWI**

Emp no.: **1358**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:17	12:20	12:21	05:42	17			
14	Tue	08:37	12:33	12:34		37			
15	Wed	DSWD							
16	Thu	08:51			05:32	51			
17	Fri	08:31	12:19	12:20		31			
18	Sat								
19	Sun								
20	Mon	08:39			05:05	39			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

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NOR-ZHAINAB S. ALAWI

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Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **RAIDAH M. BANTOG**

Emp no.: **0143**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri	08:19	12:55	12:56	05:02	19			
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

RAIDAH M. BANTOG

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **RAIDAH M. BANTOG**

Emp no.: **0143**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri	08:19	12:55	12:56	05:02	19			
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

RAIDAH M. BANTOG

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **KARLA LOUISE D. ABEDES**

Emp no.: **1494**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	07:40	12:20	12:21	04:04	56			
7	Tue	07:41							
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon		12:33	12:35					
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon		12:43	12:45	05:47				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

KARLA LOUISE D. ABEDES

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **KARLA LOUISE D. ABEDES**

Emp no.: **1494**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	07:40	12:20	12:21	04:04	56			
7	Tue	07:41							
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon		12:33	12:35					
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon		12:43	12:45	05:47				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

KARLA LOUISE D. ABEDES

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MARY JOY V. GARCIA**

Emp no.: **1499**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed	08:40				40			
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:01	12:21	12:23	05:05	01			
14	Tue	08:35	12:08	12:10	05:36	35			
15	Wed	DSWD	12:36	12:37	05:28				
16	Thu	09:01	12:12	12:14	06:08	61			
17	Fri	08:38	12:05	12:08	05:04	38			
18	Sat								
19	Sun								
20	Mon	07:59	12:54	12:56	06:07				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MARY JOY V. GARCIA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MARY JOY V. GARCIA**

Emp no.: **1499**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed	08:40				40			
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:01	12:21	12:23	05:05	01			
14	Tue	08:35	12:08	12:10	05:36	35			
15	Wed	DSWD	12:36	12:37	05:28				
16	Thu	09:01	12:12	12:14	06:08	61			
17	Fri	08:38	12:05	12:08	05:04	38			
18	Sat								
19	Sun								
20	Mon	07:59	12:54	12:56	06:07				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MARY JOY V. GARCIA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ROXANNE EVE G. QUINONES**

Emp no.: **1562**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	08:49	12:08	12:09	05:56	49			
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:38			05:56	38			
10	Fri	08:47	12:17	12:18	05:11	47			
11	Sat								
12	Sun								
13	Mon	08:38	12:13	12:14	05:05	38			
14	Tue	08:33	12:23		05:26	33			
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue		12:10	12:11	05:13				
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ROXANNE EVE G. QUINONES

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ROXANNE EVE G. QUINONES**

Emp no.: **1562**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	08:49	12:08	12:09	05:56	49			
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:38			05:56	38			
10	Fri	08:47	12:17	12:18	05:11	47			
11	Sat								
12	Sun								
13	Mon	08:38	12:13	12:14	05:05	38			
14	Tue	08:33	12:23		05:26	33			
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue		12:10	12:11	05:13				
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ROXANNE EVE G. QUINONES

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **OMIRAH T. ALAWI**

Emp no.: **1619**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	07:27	12:24		06:05				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

OMIRAH T. ALAWI

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **OMIRAH T. ALAWI**

Emp no.: **1619**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	07:27	12:24		06:05				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

OMIRAH T. ALAWI

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **JERON B. ETINO**

Emp no.: **1707**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	07:50	12:21	12:23	05:07				
7	Tue	08:52	12:15	12:17	05:52	52			
8	Wed	08:31	12:49	12:52	05:04	31			
9	Thu	08:12	12:12	12:14	05:02	12			
10	Fri	07:14	12:03	12:04	05:05				
11	Sat								
12	Sun								
13	Mon	08:58	12:04	12:06	05:04	58			
14	Tue	08:30	12:30	12:33	05:02	30			
15	Wed	08:10	12:34	12:36	05:06	10			
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:06	12:00	12:05	05:18	06			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue	08:39				39			
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JERON B. ETINO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **JERON B. ETINO**

Emp no.: **1707**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	07:50	12:21	12:23	05:07				
7	Tue	08:52	12:15	12:17	05:52	52			
8	Wed	08:31	12:49	12:52	05:04	31			
9	Thu	08:12	12:12	12:14	05:02	12			
10	Fri	07:14	12:03	12:04	05:05				
11	Sat								
12	Sun								
13	Mon	08:58	12:04	12:06	05:04	58			
14	Tue	08:30	12:30	12:33	05:02	30			
15	Wed	08:10	12:34	12:36	05:06	10			
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:06	12:00	12:05	05:18	06			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue	08:39				39			
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JERON B. ETINO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **VANESSA JUNE E. BALBUENA** Emp no.: **1771**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	07:57	12:00	12:03	05:13				
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	07:56	12:21	12:23	05:23				
14	Tue	08:01	12:17	12:19	06:30	01			
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:04	12:07	12:09	05:06	04			
21	Tue	08:12	12:14	12:16	05:16	12			
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	07:56	12:13	12:15	05:18				
29	Wed								
30	Thu	08:17	12:11	12:13	05:08	17			
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

VANESSA JUNE E. BALBUENA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **VANESSA JUNE E. BALBUENA** Emp no.: **1771**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	07:57	12:00	12:03	05:13				
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	07:56	12:21	12:23	05:23				
14	Tue	08:01	12:17	12:19	06:30	01			
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:04	12:07	12:09	05:06	04			
21	Tue	08:12	12:14	12:16	05:16	12			
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	07:56	12:13	12:15	05:18				
29	Wed								
30	Thu	08:17	12:11	12:13	05:08	17			
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

VANESSA JUNE E. BALBUENA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **LAWRENCE JAY B. LAGUINDAB** Emp no.: **1852**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	07:42	12:12	12:20					
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:17			05:21	17			
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:09			#DSWD	09			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue	07:45	12:10	12:12					
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

LAWRENCE JAY B. LAGUINDAB

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **LAWRENCE JAY B. LAGUINDAB** Emp no.: **1852**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	07:42	12:12	12:20					
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:17			05:21	17			
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:09			#DSWD	09			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue	07:45	12:10	12:12					
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

LAWRENCE JAY B. LAGUINDAB

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: EMMIE JOY C. LORENZO

Emp no.: 0191

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	07:45	12:00	12:02	05:30				
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:08	12:16	12:18	05:16	08			
14	Tue	07:56	12:12	12:14	06:30				
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:01	12:03	12:05	05:40	01			
21	Tue		12:04	12:06					
22	Wed	07:37	12:03	12:05	05:59				
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

EMMIE JOY C. LORENZO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: EMMIE JOY C. LORENZO

Emp no.: 0191

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	07:45	12:00	12:02	05:30				
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:08	12:16	12:18	05:16	08			
14	Tue	07:56	12:12	12:14	06:30				
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:01	12:03	12:05	05:40	01			
21	Tue		12:04	12:06					
22	Wed	07:37	12:03	12:05	05:59				
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

EMMIE JOY C. LORENZO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **NORHANIYA A. BASIR**

Emp no.: **1923**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	07:22							
7	Tue								
8	Wed								
9	Thu				05:27				
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon				05:43				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:33			#DSWD	33			
21	Tue	08:59	12:10	12:11	05:30	59			
22	Wed	08:55	12:27	12:28	05:22	55			
23	Thu	08:55	12:07	12:10	05:15	55			
24	Fri	09:18	12:40	12:41	05:19	78			
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NORHANIYA A. BASIR

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **NORHANIYA A. BASIR**

Emp no.: **1923**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	07:22							
7	Tue								
8	Wed								
9	Thu				05:27				
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon				05:43				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:33			#DSWD	33			
21	Tue	08:59	12:10	12:11	05:30	59			
22	Wed	08:55	12:27	12:28	05:22	55			
23	Thu	08:55	12:07	12:10	05:15	55			
24	Fri	09:18	12:40	12:41	05:19	78			
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NORHANIYA A. BASIR

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **NOR-SHALEA S. SARIP**

Emp no.: **0195**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed				06:21				
9	Thu				05:23				
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon				05:44				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NOR-SHALEA S. SARIP

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **NOR-SHALEA S. SARIP**

Emp no.: **0195**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed				06:21				
9	Thu				05:23				
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon				05:44				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NOR-SHALEA S. SARIP

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **CHERRY M. MEDIJA**

Emp no.: **0202**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	08:07	12:47	12:48	05:02	07			
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:08	12:07	12:09	05:11	08			
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:01	12:01	12:05	05:47	01			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

CHERRY M. MEDIJA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **CHERRY M. MEDIJA**

Emp no.: **0202**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	08:07	12:47	12:48	05:02	07			
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:08	12:07	12:09	05:11	08			
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:01	12:01	12:05	05:47	01			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

CHERRY M. MEDIJA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: JADIDAH RASUMAN-ALANGCA

Emp no.: 0208

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	07:32	12:11	12:13	05:07				
10	Fri	08:01	12:13	12:15	05:05	01			
11	Sat								
12	Sun								
13	Mon	08:20	12:12	12:14	05:41	20			
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JADIDAH RASUMAN-ALANGCA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: JADIDAH RASUMAN-ALANGCA

Emp no.: 0208

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	07:32	12:11	12:13	05:07				
10	Fri	08:01	12:13	12:15	05:05	01			
11	Sat								
12	Sun								
13	Mon	08:20	12:12	12:14	05:41	20			
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JADIDAH RASUMAN-ALANGCA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **JEHAN M. MAROHOMSALIC**

Emp no.: **0210**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	07:52	12:19	12:20	06:22				
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:05	12:19	12:21	05:54	05			
14	Tue	08:07	12:15	12:16	05:10	07			
15	Wed	07:01	12:00	12:02	05:26				
16	Thu	08:05			05:16	05			
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu	08:09	12:08	12:10	05:12	09			
24	Fri	08:00	12:01	12:03	05:24				
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JEHAN M. MAROHOMSALIC

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **JEHAN M. MAROHOMSALIC**

Emp no.: **0210**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	07:52	12:19	12:20	06:22				
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:05	12:19	12:21	05:54	05			
14	Tue	08:07	12:15	12:16	05:10	07			
15	Wed	07:01	12:00	12:02	05:26				
16	Thu	08:05			05:16	05			
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu	08:09	12:08	12:10	05:12	09			
24	Fri	08:00	12:01	12:03	05:24				
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JEHAN M. MAROHOMSALIC

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **NAJIB B. ABDULCADER**

Emp no.: **2115**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon		12:44	12:47	05:11				
14	Tue								
15	Wed	DSWD							
16	Thu	08:37	12:54	12:56		37			
17	Fri								
18	Sat								
19	Sun								
20	Mon		12:01	12:06	06:13				
21	Tue								
22	Wed	08:00	12:10	12:36					
23	Thu		12:45	12:52					
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NAJIB B. ABDULCADER

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **NAJIB B. ABDULCADER**

Emp no.: **2115**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon		12:44	12:47	05:11				
14	Tue								
15	Wed	DSWD							
16	Thu	08:37	12:54	12:56		37			
17	Fri								
18	Sat								
19	Sun								
20	Mon		12:01	12:06	06:13				
21	Tue								
22	Wed	08:00	12:10	12:36					
23	Thu		12:45	12:52					
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NAJIB B. ABDULCADER

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **JONNA ROSE M. FRESCO**

Emp no.: **0222**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	07:55	12:04	12:05	05:15				
14	Tue	08:14	12:51	12:52	05:07	14			
15	Wed	08:27	12:19	12:26	05:27	27			
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JONNA ROSE M. FRESCO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **JONNA ROSE M. FRESCO**

Emp no.: **0222**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	07:55	12:04	12:05	05:15				
14	Tue	08:14	12:51	12:52	05:07	14			
15	Wed	08:27	12:19	12:26	05:27	27			
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JONNA ROSE M. FRESCO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: MERIAM D. APOSTOL

Emp no.: 0231

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	08:42	12:14	12:16	05:30	42			
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:21				21			
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	07:47	12:30	12:30	06:11				
14	Tue	08:50	12:15	12:16	05:41	50			
15	Wed	08:51	01:12	01:13	05:13	64			
16	Thu								
17	Fri	08:33	12:00	12:01		33			
18	Sat								
19	Sun								
20	Mon		12:18	12:19	05:18				
21	Tue								
22	Wed								
23	Thu								
24	Fri	08:09	12:01	12:02	07:00	09			
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MERIAM D. APOSTOL

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: MERIAM D. APOSTOL

Emp no.: 0231

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	08:42	12:14	12:16	05:30	42			
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:21				21			
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	07:47	12:30	12:30	06:11				
14	Tue	08:50	12:15	12:16	05:41	50			
15	Wed	08:51	01:12	01:13	05:13	64			
16	Thu								
17	Fri	08:33	12:00	12:01		33			
18	Sat								
19	Sun								
20	Mon		12:18	12:19	05:18				
21	Tue								
22	Wed								
23	Thu								
24	Fri	08:09	12:01	12:02	07:00	09			
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MERIAM D. APOSTOL

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **CAIRODEN C. PAGADILAN**

Emp no.: **0256**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	07:39	12:03	12:06	05:01				
7	Tue	08:02	12:01	12:03	05:03	02			
8	Wed	07:39	12:00	12:02	05:01				
9	Thu	07:48	12:01	12:03	05:01				
10	Fri	07:54	12:53	12:55	05:00				
11	Sat								
12	Sun								
13	Mon	07:31	12:02	12:04	05:01				
14	Tue	07:54	12:00	12:02	05:01				
15	Wed	07:56	12:01	12:04	05:02				
16	Thu	07:18							
17	Fri	07:22							
18	Sat								
19	Sun								
20	Mon	07:35	12:02	12:05	05:25				
21	Tue	07:51	12:03	12:05	05:00				
22	Wed	07:39							
23	Thu	07:12	12:02	12:04	05:00				
24	Fri	06:55							
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue	07:44							
29	Wed	07:44							
30	Thu	07:43							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

CAIRODEN C. PAGADILAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **CAIRODEN C. PAGADILAN**

Emp no.: **0256**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	07:39	12:03	12:06	05:01				
7	Tue	08:02	12:01	12:03	05:03	02			
8	Wed	07:39	12:00	12:02	05:01				
9	Thu	07:48	12:01	12:03	05:01				
10	Fri	07:54	12:53	12:55	05:00				
11	Sat								
12	Sun								
13	Mon	07:31	12:02	12:04	05:01				
14	Tue	07:54	12:00	12:02	05:01				
15	Wed	07:56	12:01	12:04	05:02				
16	Thu	07:18							
17	Fri	07:22							
18	Sat								
19	Sun								
20	Mon	07:35	12:02	12:05	05:25				
21	Tue	07:51	12:03	12:05	05:00				
22	Wed	07:39							
23	Thu	07:12	12:02	12:04	05:00				
24	Fri	06:55							
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue	07:44							
29	Wed	07:44							
30	Thu	07:43							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

CAIRODEN C. PAGADILAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **FAIRODZ A. MANADTING**

Emp no.: **0259**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon		12:46	12:48	05:16				
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon		12:32	12:33	05:06				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	09:25	12:35	12:37	#DSWD	85			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

FAIRODZ A. MANADTING

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **FAIRODZ A. MANADTING**

Emp no.: **0259**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon		12:46	12:48	05:16				
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon		12:32	12:33	05:06				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	09:25	12:35	12:37	#DSWD	85			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

FAIRODZ A. MANADTING

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ANWAR B. H. LIDASAN**

Emp no.: **0276**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	08:46				46			
4	Sat								
5	Sun								
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:05	12:04	12:09	05:08	05			
10	Fri								
11	Sat								
12	Sun								
13	Mon				05:06				
14	Tue	08:09	12:31	12:39	05:02	09			
15	Wed	07:51	12:05	12:25	05:29				
16	Thu		12:15	12:28	05:10				
17	Fri	08:34	12:04	12:37	05:00	34			
18	Sat								
19	Sun								
20	Mon	08:35	12:23	12:24	05:02	35			
21	Tue	08:55	12:32	12:42	05:08	55			
22	Wed		01:04	01:15	05:04	15			
23	Thu	08:23	12:18	12:59	05:05	23			
24	Fri	06:13	01:08	01:11	05:01	11			
25	Sat								
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu								
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ANWAR B. H. LIDASAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ANWAR B. H. LIDASAN**

Emp no.: **0276**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	08:46				46			
4	Sat								
5	Sun								
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:05	12:04	12:09	05:08	05			
10	Fri								
11	Sat								
12	Sun								
13	Mon				05:06				
14	Tue	08:09	12:31	12:39	05:02	09			
15	Wed	07:51	12:05	12:25	05:29				
16	Thu		12:15	12:28	05:10				
17	Fri	08:34	12:04	12:37	05:00	34			
18	Sat								
19	Sun								
20	Mon	08:35	12:23	12:24	05:02	35			
21	Tue	08:55	12:32	12:42	05:08	55			
22	Wed		01:04	01:15	05:04	15			
23	Thu	08:23	12:18	12:59	05:05	23			
24	Fri	06:13	01:08	01:11	05:01	11			
25	Sat								
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu								
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ANWAR B. H. LIDASAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **FRITZIE T. QUIJOTE**

Emp no.: **0278**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:02	12:20	12:21	04:00	62			
14	Tue	06:11	12:16	12:18	04:43	17			
15	Wed	07:15							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

FRITZIE T. QUIJOTE

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **FRITZIE T. QUIJOTE**

Emp no.: **0278**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:02	12:20	12:21	04:00	62			
14	Tue	06:11	12:16	12:18	04:43	17			
15	Wed	07:15							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

FRITZIE T. QUIJOTE

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **DIVINE GRACE P. PEDRAJAS**

Emp no.: **2801**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri		12:09	12:10					
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	09:09	12:15	12:16	05:13	69			
14	Tue		12:51	12:52	05:03				
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

DIVINE GRACE P. PEDRAJAS

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **DIVINE GRACE P. PEDRAJAS**

Emp no.: **2801**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri		12:09	12:10					
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	09:09	12:15	12:16	05:13	69			
14	Tue		12:51	12:52	05:03				
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

DIVINE GRACE P. PEDRAJAS

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **JACKIELOU B. ZAMBRANO**

Emp no.: **2827**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	07:50	12:00	12:02	05:19				
7	Tue	08:01	12:05	12:07	05:07	01			
8	Wed		12:39	12:41	05:19				
9	Thu	08:01			05:24	01			
10	Fri	07:47	12:26	12:28					
11	Sat								
12	Sun								
13	Mon		12:41	12:43	05:12				
14	Tue	07:54	12:14	12:16	05:06				
15	Wed	DSWD	12:39	12:41	05:34				
16	Thu	08:10	12:15	12:24	05:12	10			
17	Fri	08:02	12:12	12:13		02			
18	Sat								
19	Sun								
20	Mon	07:44	12:11	12:15	05:30				
21	Tue								
22	Wed	07:53	12:17	12:19	05:47				
23	Thu				05:50				
24	Fri		12:00	12:02					
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue		12:48	12:50	05:01				
29	Wed		12:09	12:11	05:02				
30	Thu	DSWD	12:18						
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JACKIELOU B. ZAMBRANO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **JACKIELOU B. ZAMBRANO**

Emp no.: **2827**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	07:50	12:00	12:02	05:19				
7	Tue	08:01	12:05	12:07	05:07	01			
8	Wed		12:39	12:41	05:19				
9	Thu	08:01			05:24	01			
10	Fri	07:47	12:26	12:28					
11	Sat								
12	Sun								
13	Mon		12:41	12:43	05:12				
14	Tue	07:54	12:14	12:16	05:06				
15	Wed	DSWD	12:39	12:41	05:34				
16	Thu	08:10	12:15	12:24	05:12	10			
17	Fri	08:02	12:12	12:13		02			
18	Sat								
19	Sun								
20	Mon	07:44	12:11	12:15	05:30				
21	Tue								
22	Wed	07:53	12:17	12:19	05:47				
23	Thu				05:50				
24	Fri		12:00	12:02					
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue		12:48	12:50	05:01				
29	Wed		12:09	12:11	05:02				
30	Thu	DSWD	12:18						
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JACKIELOU B. ZAMBRANO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **NAIFAH S. BALINDONG**

Emp no.: **0309**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri				06:22				
4	Sat								
5	Sun				#DSWD				
6	Mon	07:54							
7	Tue								
8	Wed			06:20	06:20	320			
9	Thu				05:35				
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon				05:43				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NAIFAH S. BALINDONG

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **NAIFAH S. BALINDONG**

Emp no.: **0309**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri				06:22				
4	Sat								
5	Sun				#DSWD				
6	Mon	07:54							
7	Tue								
8	Wed			06:20	06:20	320			
9	Thu				05:35				
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon				05:43				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NAIFAH S. BALINDONG

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **APRIL VFLYNT A. ARIAR**

Emp no.: **3107**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	07:51	12:04	12:24	05:02				
14	Tue	07:46	12:22	12:26	05:01				
15	Wed	07:39	12:38	12:46	05:02				
16	Thu	07:56	12:13	12:21	05:02				
17	Fri	08:11	12:14	12:23	05:01	11			
18	Sat								
19	Sun								
20	Mon	08:09	12:01	12:04	05:12	09			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	07:42	12:02	12:06	05:01				
29	Wed	07:31	12:34	12:38	05:01				
30	Thu	07:44	12:27	12:34	05:01				
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

APRIL VFLYNT A. ARIAR

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **APRIL VFLYNT A. ARIAR**

Emp no.: **3107**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	07:51	12:04	12:24	05:02				
14	Tue	07:46	12:22	12:26	05:01				
15	Wed	07:39	12:38	12:46	05:02				
16	Thu	07:56	12:13	12:21	05:02				
17	Fri	08:11	12:14	12:23	05:01	11			
18	Sat								
19	Sun								
20	Mon	08:09	12:01	12:04	05:12	09			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	07:42	12:02	12:06	05:01				
29	Wed	07:31	12:34	12:38	05:01				
30	Thu	07:44	12:27	12:34	05:01				
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

APRIL VFLYNT A. ARIAR

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **RACHEL MAY G. RASALAN**

Emp no.: **3110**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:16				16			
14	Tue								
15	Wed	08:16	12:43	12:44		16			
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon		12:00	12:08	05:52				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

RACHEL MAY G. RASALAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **RACHEL MAY G. RASALAN**

Emp no.: **3110**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:16				16			
14	Tue								
15	Wed	08:16	12:43	12:44		16			
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon		12:00	12:08	05:52				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

RACHEL MAY G. RASALAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MUHAIMIN ABDULMALIK**

Emp no.: **3191**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu				06:30				
10	Fri		12:57	12:57	06:32				
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MUHAIMIN ABDULMALIK

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MUHAIMIN ABDULMALIK**

Emp no.: **3191**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu				06:30				
10	Fri		12:57	12:57	06:32				
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MUHAIMIN ABDULMALIK

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MOUSSA M. BALINDONG**

Emp no.: **3214**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	07:08	12:02	12:03	04:38	22			
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed	07:45							
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	09:19	12:20	12:25	05:14	79			
21	Tue	08:12	12:19	12:50	06:16	12			
22	Wed								
23	Thu	08:33	12:00	12:01	05:44	33			
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	08:13				13			
29	Wed								
30	Thu	DSWD	12:01	12:01	05:19				
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MOUSSA M. BALINDONG

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MOUSSA M. BALINDONG**

Emp no.: **3214**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	07:08	12:02	12:03	04:38	22			
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed	07:45							
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	09:19	12:20	12:25	05:14	79			
21	Tue	08:12	12:19	12:50	06:16	12			
22	Wed								
23	Thu	08:33	12:00	12:01	05:44	33			
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	08:13				13			
29	Wed								
30	Thu	DSWD	12:01	12:01	05:19				
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MOUSSA M. BALINDONG

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **KRIZYL T. MANGINSAY**

Emp no.: **3273**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:18	12:15	12:16	05:16	18			
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

KRIZYL T. MANGINSAY

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **KRIZYL T. MANGINSAY**

Emp no.: **3273**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:18	12:15	12:16	05:16	18			
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

KRIZYL T. MANGINSAY

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **FARICIA B. RAYMAN**

Emp no.: **0329**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:17	12:33	12:35	05:19	17			
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

FARICIA B. RAYMAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **FARICIA B. RAYMAN**

Emp no.: **0329**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:17	12:33	12:35	05:19	17			
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

FARICIA B. RAYMAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: JAMALIA D. ARAT

Emp no.: 0340

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	07:25			05:05				
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed	08:14	12:43	12:45	05:17	14			
9	Thu	08:04			05:18	04			
10	Fri	08:08	12:03	12:04	05:12	08			
11	Sat								
12	Sun								
13	Mon	08:05	12:55	12:57	05:08	05			
14	Tue		12:44	12:46	05:27				
15	Wed	08:19	12:58	12:59	05:00	19			
16	Thu	08:09	12:02	12:04	05:05	09			
17	Fri	08:38			04:27	71			
18	Sat								
19	Sun								
20	Mon	07:44		01:03	05:04	03			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JAMALIA D. ARAT

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: JAMALIA D. ARAT

Emp no.: 0340

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	07:25			05:05				
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed	08:14	12:43	12:45	05:17	14			
9	Thu	08:04			05:18	04			
10	Fri	08:08	12:03	12:04	05:12	08			
11	Sat								
12	Sun								
13	Mon	08:05	12:55	12:57	05:08	05			
14	Tue		12:44	12:46	05:27				
15	Wed	08:19	12:58	12:59	05:00	19			
16	Thu	08:09	12:02	12:04	05:05	09			
17	Fri	08:38			04:27	71			
18	Sat								
19	Sun								
20	Mon	07:44		01:03	05:04	03			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JAMALIA D. ARAT

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **GILBERT JOHN V. VILLEGAS**

Emp no.: **3542**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:33	12:05	12:06	05:01	33			
10	Fri	08:21	12:17	12:19	05:11	21			
11	Sat								
12	Sun								
13	Mon	07:56	12:18	12:20	05:02				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

GILBERT JOHN V. VILLEGAS

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **GILBERT JOHN V. VILLEGAS**

Emp no.: **3542**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:33	12:05	12:06	05:01	33			
10	Fri	08:21	12:17	12:19	05:11	21			
11	Sat								
12	Sun								
13	Mon	07:56	12:18	12:20	05:02				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

GILBERT JOHN V. VILLEGAS

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ERNESTO S. BASINGA**

Emp no.: **3551**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed	07:55	12:00	12:02	04:47	13			
9	Thu								
10	Fri	08:07	12:26	DSWD	05:03	07			
11	Sat								
12	Sun								
13	Mon	08:45	12:08	12:10		45			
14	Tue	07:52	12:19	12:59	04:51	09			
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	07:47	12:10	12:22	05:00				
21	Tue	08:01	12:15	12:19	05:03	01			
22	Wed	08:05	12:18	12:31	05:20	05			
23	Thu	07:20	12:47	12:48	04:11	49			
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ERNESTO S. BASINGA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ERNESTO S. BASINGA**

Emp no.: **3551**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed	07:55	12:00	12:02	04:47	13			
9	Thu								
10	Fri	08:07	12:26	DSWD	05:03	07			
11	Sat								
12	Sun								
13	Mon	08:45	12:08	12:10		45			
14	Tue	07:52	12:19	12:59	04:51	09			
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	07:47	12:10	12:22	05:00				
21	Tue	08:01	12:15	12:19	05:03	01			
22	Wed	08:05	12:18	12:31	05:20	05			
23	Thu	07:20	12:47	12:48	04:11	49			
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ERNESTO S. BASINGA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **JAKE Z. ROXAS**

Emp no.: **3651**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed	07:59	12:25	12:28	05:50				
9	Thu	08:42	12:44	12:45	05:36	42			
10	Fri	09:34	12:19	12:21	05:03	94			
11	Sat								
12	Sun								
13	Mon	07:49	12:03	12:05	05:03				
14	Tue	09:41	12:04	12:06	05:12	101			
15	Wed	07:45	12:27	12:29					
16	Thu								
17	Fri	08:00	12:30	12:32	05:04				
18	Sat								
19	Sun								
20	Mon	07:44	12:12	12:14	05:19				
21	Tue	08:07	12:40	12:42	05:19	07			
22	Wed	07:29	12:12	12:14	05:00				
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JAKE Z. ROXAS

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **JAKE Z. ROXAS**

Emp no.: **3651**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed	07:59	12:25	12:28	05:50				
9	Thu	08:42	12:44	12:45	05:36	42			
10	Fri	09:34	12:19	12:21	05:03	94			
11	Sat								
12	Sun								
13	Mon	07:49	12:03	12:05	05:03				
14	Tue	09:41	12:04	12:06	05:12	101			
15	Wed	07:45	12:27	12:29					
16	Thu								
17	Fri	08:00	12:30	12:32	05:04				
18	Sat								
19	Sun								
20	Mon	07:44	12:12	12:14	05:19				
21	Tue	08:07	12:40	12:42	05:19	07			
22	Wed	07:29	12:12	12:14	05:00				
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JAKE Z. ROXAS

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ODYSSA ESTHER K. MATAS**

Emp no.: **3695**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:19	12:37	12:38	05:45	19			
14	Tue	08:56			05:42	56			
15	Wed	#DSWD	12:17	12:18	05:14				
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ODYSSA ESTHER K. MATAS

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ODYSSA ESTHER K. MATAS**

Emp no.: **3695**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:19	12:37	12:38	05:45	19			
14	Tue	08:56			05:42	56			
15	Wed	#DSWD	12:17	12:18	05:14				
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ODYSSA ESTHER K. MATAS

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **DONNA MAE D. SUMOGOD**

Emp no.: **3734**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				*DSWD				
6	Mon	07:43	12:34	12:37					
7	Tue	07:43	12:49	12:52	05:20				
8	Wed								
9	Thu	07:53	12:11	12:13					
10	Fri	07:45	12:14	12:17	05:00				
11	Sat								
12	Sun								
13	Mon	07:33	12:05	12:09	04:36	24			
14	Tue	07:48	12:29	12:31	05:01				
15	Wed	07:56	12:36	12:37	05:00				
16	Thu	07:42	12:07	12:09	05:00				
17	Fri	08:00	12:10	12:11	05:01				
18	Sat								
19	Sun								
20	Mon	07:54	12:01	12:02	05:00				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			*DSWD					
26	Sun								
27	Mon								
28	Tue	08:06	12:26	12:29	05:00	06			
29	Wed	08:01				01			
30	Thu	08:12	12:19	12:21	05:03	12			
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

DONNA MAE D. SUMOGOD

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **DONNA MAE D. SUMOGOD**

Emp no.: **3734**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				*DSWD				
6	Mon	07:43	12:34	12:37					
7	Tue	07:43	12:49	12:52	05:20				
8	Wed								
9	Thu	07:53	12:11	12:13					
10	Fri	07:45	12:14	12:17	05:00				
11	Sat								
12	Sun								
13	Mon	07:33	12:05	12:09	04:36	24			
14	Tue	07:48	12:29	12:31	05:01				
15	Wed	07:56	12:36	12:37	05:00				
16	Thu	07:42	12:07	12:09	05:00				
17	Fri	08:00	12:10	12:11	05:01				
18	Sat								
19	Sun								
20	Mon	07:54	12:01	12:02	05:00				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			*DSWD					
26	Sun								
27	Mon								
28	Tue	08:06	12:26	12:29	05:00	06			
29	Wed	08:01				01			
30	Thu	08:12	12:19	12:21	05:03	12			
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

DONNA MAE D. SUMOGOD

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **GIRLIE D. PAGARIGAN**

Emp no.: **0468**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	08:06	12:14	12:16	05:22	06			
4	Sat								
5	Sun								
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri								
11	Sat								
12	Sun								
13	Mon	08:05				05			
14	Tue	08:18	12:07	12:08	05:26	18			
15	Wed								
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:23	12:18	12:19	05:30	23			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat								
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu								
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

GIRLIE D. PAGARIGAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **GIRLIE D. PAGARIGAN**

Emp no.: **0468**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri	08:06	12:14	12:16	05:22	06			
4	Sat								
5	Sun								
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri								
11	Sat								
12	Sun								
13	Mon	08:05				05			
14	Tue	08:18	12:07	12:08	05:26	18			
15	Wed								
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:23	12:18	12:19	05:30	23			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat								
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu								
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

GIRLIE D. PAGARIGAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **NURHAYLON S. DIANGKA**

Emp no.: **0529**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	07:21							
7	Tue								
8	Wed	07:21	12:25	12:26	05:26				
9	Thu	07:16	12:22	12:24	05:15				
10	Fri	08:10	12:15	12:16		10			
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NURHAYLON S. DIANGKA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **NURHAYLON S. DIANGKA**

Emp no.: **0529**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon	07:21							
7	Tue								
8	Wed	07:21	12:25	12:26	05:26				
9	Thu	07:16	12:22	12:24	05:15				
10	Fri	08:10	12:15	12:16		10			
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NURHAYLON S. DIANGKA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MOHAIMA T. MONAALIM**

Emp no.: **0553**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue	08:40	12:11	12:17	05:21	40			
8	Wed	08:59	12:22	12:26		59			
9	Thu	08:55	12:06	12:16	05:01	55			
10	Fri	08:47	12:00	12:01	05:07	47			
11	Sat								
12	Sun								
13	Mon								
14	Tue	08:06	12:14	12:37		06			
15	Wed	08:01	12:05	12:21	05:23	01			
16	Thu		12:13	12:17					
17	Fri	07:37	12:09	12:15					
18	Sat								
19	Sun								
20	Mon		12:09	12:13	05:04				
21	Tue	08:01	12:24	12:26		01			
22	Wed	07:53	12:25	12:34	05:00				
23	Thu	07:54	12:54	12:56	05:01				
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	07:55	12:29	12:33	05:02				
29	Wed	08:59				59			
30	Thu	08:51	12:00	12:12	05:07	51			
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MOHAIMA T. MONAALIM

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MOHAIMA T. MONAALIM**

Emp no.: **0553**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue	08:40	12:11	12:17	05:21	40			
8	Wed	08:59	12:22	12:26		59			
9	Thu	08:55	12:06	12:16	05:01	55			
10	Fri	08:47	12:00	12:01	05:07	47			
11	Sat								
12	Sun								
13	Mon								
14	Tue	08:06	12:14	12:37		06			
15	Wed	08:01	12:05	12:21	05:23	01			
16	Thu		12:13	12:17					
17	Fri	07:37	12:09	12:15					
18	Sat								
19	Sun								
20	Mon		12:09	12:13	05:04				
21	Tue	08:01	12:24	12:26		01			
22	Wed	07:53	12:25	12:34	05:00				
23	Thu	07:54	12:54	12:56	05:01				
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	07:55	12:29	12:33	05:02				
29	Wed	08:59				59			
30	Thu	08:51	12:00	12:12	05:07	51			
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MOHAIMA T. MONAALIM

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **BAI-ALLIAH G. AKMAD**

Emp no.: **0559**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:01	12:05	12:06	05:23	01			
10	Fri	07:26	12:17	12:18	04:46	14			
11	Sat								
12	Sun								
13	Mon	07:46	12:27	12:28	05:02				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:06			#DSWD	06			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

BAI-ALLIAH G. AKMAD

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **BAI-ALLIAH G. AKMAD**

Emp no.: **0559**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:01	12:05	12:06	05:23	01			
10	Fri	07:26	12:17	12:18	04:46	14			
11	Sat								
12	Sun								
13	Mon	07:46	12:27	12:28	05:02				
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:06			#DSWD	06			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

BAI-ALLIAH G. AKMAD

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MA. CATHERINE D. LADRILLONO** Emp no.: **0606**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:05	12:38	12:39	05:13	05			
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MA. CATHERINE D. LADRILLONO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MA. CATHERINE D. LADRILLONO** Emp no.: **0606**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:05	12:38	12:39	05:13	05			
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MA. CATHERINE D. LADRILLONO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MOHANNAD M. PAKER**

Emp no.: **0702**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed	08:23	12:03	12:05	05:02	23			
9	Thu	08:36	12:21	12:27		36			
10	Fri	08:19		#DSWD	05:04	19			
11	Sat								
12	Sun								
13	Mon	07:00	12:03	12:06	05:11				
14	Tue	08:41	12:04	12:07	05:11	41			
15	Wed	08:38	12:00	12:08	05:28	38			
16	Thu	08:18	12:04	12:21		18			
17	Fri	08:34				34			
18	Sat								
19	Sun								
20	Mon		12:55	12:58	05:45				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MOHANNAD M. PAKER

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **MOHANNAD M. PAKER**

Emp no.: **0702**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed	08:23	12:03	12:05	05:02	23			
9	Thu	08:36	12:21	12:27		36			
10	Fri	08:19		#DSWD	05:04	19			
11	Sat								
12	Sun								
13	Mon	07:00	12:03	12:06	05:11				
14	Tue	08:41	12:04	12:07	05:11	41			
15	Wed	08:38	12:00	12:08	05:28	38			
16	Thu	08:18	12:04	12:21		18			
17	Fri	08:34				34			
18	Sat								
19	Sun								
20	Mon		12:55	12:58	05:45				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

MOHANNAD M. PAKER

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: JELFAH D. AMPUAN

Emp no.: 0704

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed	08:39		06:20		39			
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon			#DSWD					
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JELFAH D. AMPUAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: JELFAH D. AMPUAN

Emp no.: 0704

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed	08:39		06:20		39			
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon			#DSWD					
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JELFAH D. AMPUAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **SHEILA MAE MAGLASANG-JENOTAN** Emp no.: **0710**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:11	12:04	12:05	05:24	11			
10	Fri	08:14	12:03	12:04	05:37	14			
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

SHEILA MAE MAGLASANG-JENOTAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **SHEILA MAE MAGLASANG-JENOTAN** Emp no.: **0710**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:11	12:04	12:05	05:24	11			
10	Fri	08:14	12:03	12:04	05:37	14			
11	Sat								
12	Sun								
13	Mon								
14	Tue								
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

SHEILA MAE MAGLASANG-JENOTAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **FAHAD A. IBRAHIM**

Emp no.: **0746**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	07:38	12:02	12:23	05:09				
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	07:49	12:08	12:12	05:11				
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:50	12:16	12:20	05:07	50			
21	Tue	07:26	12:03	12:09	05:12				
22	Wed	07:53	12:00	12:18	05:18				
23	Thu	08:42	12:30	12:32	05:14	42			
24	Fri	07:24		12:57					
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

FAHAD A. IBRAHIM

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **FAHAD A. IBRAHIM**

Emp no.: **0746**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	07:38	12:02	12:23	05:09				
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	07:49	12:08	12:12	05:11				
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:50	12:16	12:20	05:07	50			
21	Tue	07:26	12:03	12:09	05:12				
22	Wed	07:53	12:00	12:18	05:18				
23	Thu	08:42	12:30	12:32	05:14	42			
24	Fri	07:24		12:57					
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

FAHAD A. IBRAHIM

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **JAYNO D. SAHAGUN**

Emp no.: **0750**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:58				58			
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:48	12:36	12:39	05:03	48			
14	Tue	08:48				48			
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JAYNO D. SAHAGUN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **JAYNO D. SAHAGUN**

Emp no.: **0750**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:58				58			
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	08:48	12:36	12:39	05:03	48			
14	Tue	08:48				48			
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

JAYNO D. SAHAGUN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **NORHIDAYA D. MAGOMNANG** Emp no.: **0760**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	08:12				12			
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:01	12:13	12:19	05:02	01			
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:05	12:10	12:28	05:05	05			
21	Tue	08:10	12:07	12:14	05:08	10			
22	Wed	07:44	12:00	12:01					
23	Thu	07:06							
24	Fri	07:49	12:11	12:14	05:02				
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	08:01				01			
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NORHIDAYA D. MAGOMNANG

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **NORHIDAYA D. MAGOMNANG** Emp no.: **0760**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon	08:12				12			
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:01	12:13	12:19	05:02	01			
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	08:05	12:10	12:28	05:05	05			
21	Tue	08:10	12:07	12:14	05:08	10			
22	Wed	07:44	12:00	12:01					
23	Thu	07:06							
24	Fri	07:49	12:11	12:14	05:02				
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	08:01				01			
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

NORHIDAYA D. MAGOMNANG

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: ANNA LIZA N. ESPINOSA

Emp no.: 0841

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	07:51							
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	07:59	12:23	12:24	05:09				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ANNA LIZA N. ESPINOSA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: ANNA LIZA N. ESPINOSA

Emp no.: 0841

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	07:51							
14	Tue								
15	Wed	DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon	07:59	12:23	12:24	05:09				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ANNA LIZA N. ESPINOSA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **TALHA D. SARIP**

Emp no.: **0881**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:16	12:12	12:14	05:06	16			
14	Tue	08:37	12:12	12:14		37			
15	Wed	DSWD							
16	Thu	08:50	12:00	12:01	05:32	50			
17	Fri	08:31	12:06	12:08		31			
18	Sat								
19	Sun								
20	Mon	08:41	12:06	12:07	05:05	41			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	07:35							
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

TALHA D. SARIP

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **TALHA D. SARIP**

Emp no.: **0881**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			DSWD					
11	Sat								
12	Sun								
13	Mon	08:16	12:12	12:14	05:06	16			
14	Tue	08:37	12:12	12:14		37			
15	Wed	DSWD							
16	Thu	08:50	12:00	12:01	05:32	50			
17	Fri	08:31	12:06	12:08		31			
18	Sat								
19	Sun								
20	Mon	08:41	12:06	12:07	05:05	41			
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue	07:35							
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

TALHA D. SARIP

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **RYAN ROY B. GAQUING**

Emp no.: **0882**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu		12:05	12:06	05:18				
10	Fri	08:55	12:16	12:17	05:13	55			
11	Sat								
12	Sun								
13	Mon	08:57	12:15	12:16		57			
14	Tue	08:56	12:03	12:04	06:46	56			
15	Wed	09:01	12:00	12:02	06:33	61			
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

RYAN ROY B. GAQUING

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **RYAN ROY B. GAQUING**

Emp no.: **0882**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu		12:05	12:06	05:18				
10	Fri	08:55	12:16	12:17	05:13	55			
11	Sat								
12	Sun								
13	Mon	08:57	12:15	12:16		57			
14	Tue	08:56	12:03	12:04	06:46	56			
15	Wed	09:01	12:00	12:02	06:33	61			
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

RYAN ROY B. GAQUING

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **YASMIN S. MANTAWIL**

Emp no.: **0917**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed	09:39				99			
9	Thu	09:16			05:11	76			
10	Fri	09:38	12:33	12:34	05:09	98			
11	Sat								
12	Sun								
13	Mon		12:37	12:38	05:24				
14	Tue	09:43	12:18	12:19	05:13	103			
15	Wed	09:36	12:15		05:14	96			
16	Thu		12:48	12:49					
17	Fri		12:20	12:21	05:14				
18	Sat								
19	Sun								
20	Mon	09:40	12:28	12:29	05:07	100			
21	Tue		12:07	12:09	05:11				
22	Wed	09:32	12:12	12:13	05:08	92			
23	Thu	08:46	12:28	12:29	06:21	46			
24	Fri	08:16	12:36	12:37	04:35	41			
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

YASMIN S. MANTAWIL

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **YASMIN S. MANTAWIL**

Emp no.: **0917**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				DSWD				
6	Mon								
7	Tue								
8	Wed	09:39				99			
9	Thu	09:16			05:11	76			
10	Fri	09:38	12:33	12:34	05:09	98			
11	Sat								
12	Sun								
13	Mon		12:37	12:38	05:24				
14	Tue	09:43	12:18	12:19	05:13	103			
15	Wed	09:36	12:15		05:14	96			
16	Thu		12:48	12:49					
17	Fri		12:20	12:21	05:14				
18	Sat								
19	Sun								
20	Mon	09:40	12:28	12:29	05:07	100			
21	Tue		12:07	12:09	05:11				
22	Wed	09:32	12:12	12:13	05:08	92			
23	Thu	08:46	12:28	12:29	06:21	46			
24	Fri	08:16	12:36	12:37	04:35	41			
25	Sat			DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

YASMIN S. MANTAWIL

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **ALDEN A. QUINONES**

Emp no.: **0923**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:41	12:57	12:58	05:56	41			
10	Fri	08:48	12:55	12:56	05:11	48			
11	Sat								
12	Sun								
13	Mon	08:41	12:58	12:59	05:09	41			
14	Tue	08:37	12:59	01:00	05:26	37			
15	Wed	08:33	12:59	01:00	05:23	33			
16	Thu	08:36			05:10	36			
17	Fri	08:52	12:59	01:00		52			
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ALDEN A. QUINONES

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **ALDEN A. QUINONES**

Emp no.: **0923**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	08:41	12:57	12:58	05:56	41			
10	Fri	08:48	12:55	12:56	05:11	48			
11	Sat								
12	Sun								
13	Mon	08:41	12:58	12:59	05:09	41			
14	Tue	08:37	12:59	01:00	05:26	37			
15	Wed	08:33	12:59	01:00	05:23	33			
16	Thu	08:36			05:10	36			
17	Fri	08:52	12:59	01:00		52			
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ALDEN A. QUINONES

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ROY U. SALILAGUIA**

Emp no.: **0940**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	06:45	12:03	12:04	05:03				
10	Fri	06:50	12:08	12:09	04:25	35			
11	Sat								
12	Sun								
13	Mon	06:51	12:01	12:02	04:01	59			
14	Tue	06:42	12:03	12:04	04:23	37			
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

ROY U. SALILAGUIA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 November 1 - 30, 2023

Name: **ROY U. SALILAGUIA**

Emp no.: **0940**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu	06:45	12:03	12:04	05:03				
10	Fri	06:50	12:08	12:09	04:25	35			
11	Sat								
12	Sun								
13	Mon	06:51	12:01	12:02	04:01	59			
14	Tue	06:42	12:03	12:04	04:23	37			
15	Wed	#DSWD							
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

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ROY U. SALILAGUIA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **INAS S. CODARANGAN**

Emp no.: **0964**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	07:52	12:19	12:20	05:41				
14	Tue	08:04	12:04	12:05	05:14	04			
15	Wed	09:09	12:15	12:16	05:18	69			
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

I certify on my honor that the above is true and correct record of the hours of work performed, record of which was made daily at the time of arrival and departure from the office.

INAS S. CODARANGAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
November 1 - 30, 2023

Name: **INAS S. CODARANGAN**

Emp no.: **0964**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Wed								
2	Thu								
3	Fri								
4	Sat								
5	Sun				#DSWD				
6	Mon								
7	Tue								
8	Wed								
9	Thu								
10	Fri			#DSWD					
11	Sat								
12	Sun								
13	Mon	07:52	12:19	12:20	05:41				
14	Tue	08:04	12:04	12:05	05:14	04			
15	Wed	09:09	12:15	12:16	05:18	69			
16	Thu								
17	Fri								
18	Sat								
19	Sun								
20	Mon				#DSWD				
21	Tue								
22	Wed								
23	Thu								
24	Fri								
25	Sat			#DSWD					
26	Sun								
27	Mon								
28	Tue								
29	Wed								
30	Thu	#DSWD							
31									

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INAS S. CODARANGAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor