

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
August 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	Tue	08:40	12:24	12:25	05:40	40			
2	Wed	08:33	12:00	12:02	05:15	33			
3	Thu	08:21	12:07	12:15	05:25	21			
4	Fri	08:24	12:00	12:01	05:35	24			
5	Sat				#DSWD				
6	Sun								
7	Mon	08:13	12:36	12:38	05:20	13			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:39	12:00	12:01	05:34	39			
15	Tue	08:30	12:21	12:23	05:12	30			
16	Wed	08:09	12:20	12:23	05:23	09			
17	Thu	08:38	01:05	01:06	05:35	44			
18	Fri	09:11	12:00	12:01	06:05	71			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:24	12:07	12:09	05:41	24			
23	Wed	08:10	12:04	12:06	05:22	10			
24	Thu	08:30	12:22	12:25	05:31	30			
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:11	12:20	12:23	05:19	11			
30	Wed	08:54	12:15	12:18	06:06	54			
31	Thu	08:23	12:01	12:03	05:08	23			

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
August 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	Tue	08:40	12:24	12:25	05:40	40			
2	Wed	08:33	12:00	12:02	05:15	33			
3	Thu	08:21	12:07	12:15	05:25	21			
4	Fri	08:24	12:00	12:01	05:35	24			
5	Sat				#DSWD				
6	Sun								
7	Mon	08:13	12:36	12:38	05:20	13			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:39	12:00	12:01	05:34	39			
15	Tue	08:30	12:21	12:23	05:12	30			
16	Wed	08:09	12:20	12:23	05:23	09			
17	Thu	08:38	01:05	01:06	05:35	44			
18	Fri	09:11	12:00	12:01	06:05	71			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:24	12:07	12:09	05:41	24			
23	Wed	08:10	12:04	12:06	05:22	10			
24	Thu	08:30	12:22	12:25	05:31	30			
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:11	12:20	12:23	05:19	11			
30	Wed	08:54	12:15	12:18	06:06	54			
31	Thu	08:23	12:01	12:03	05:08	23			

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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
August 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	Tue								
2	Wed								
3	Thu	08:37	12:33	12:34	05:36	37			
4	Fri	08:05	12:03	12:04	05:47	05			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:43	12:26	12:27	05:38				
8	Tue	08:24	12:11	12:12	05:27	24			
9	Wed	07:44	12:05	12:05	05:24				
10	Thu	08:48		#DSWD		48			
11	Fri	08:03	12:03	12:04	05:29	03			
12	Sat								
13	Sun								
14	Mon								
15	Tue	08:15	12:52	12:53	05:33	15			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:43	12:26	12:27	05:00				
23	Wed	08:24	12:56	12:57	05:33	24			
24	Thu	08:09	12:04	12:05	06:07	09			
25	Fri	08:27	12:20	12:21	09:34	27			
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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MAHARLIKA R. DUBLIN

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Signature of the Immediate Supervisor

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DAILY TIME RECORD
August 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	Tue								
2	Wed								
3	Thu	08:37	12:33	12:34	05:36	37			
4	Fri	08:05	12:03	12:04	05:47	05			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:43	12:26	12:27	05:38				
8	Tue	08:24	12:11	12:12	05:27	24			
9	Wed	07:44	12:05	12:05	05:24				
10	Thu	08:48		#DSWD		48			
11	Fri	08:03	12:03	12:04	05:29	03			
12	Sat								
13	Sun								
14	Mon								
15	Tue	08:15	12:52	12:53	05:33	15			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:43	12:26	12:27	05:00				
23	Wed	08:24	12:56	12:57	05:33	24			
24	Thu	08:09	12:04	12:05	06:07	09			
25	Fri	08:27	12:20	12:21	09:34	27			
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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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
August 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	Tue	08:02	12:15	12:21	05:38	02			
2	Wed	08:28	12:00	12:03	05:02	28			
3	Thu	08:10	12:00	12:02	05:25	10			
4	Fri	08:08	12:00	12:01	05:23	08			
5	Sat				#DSWD				
6	Sun								
7	Mon	08:01	12:00	12:02	05:04	01			
8	Tue	08:05	12:01	12:02	05:06	05			
9	Wed	08:01	12:04	12:08	05:12	01			
10	Thu	08:37	12:24	12:27	05:18	37			
11	Fri	08:19	12:01	12:03	05:00	19			
12	Sat								
13	Sun								
14	Mon	07:28	12:00	12:02	05:03				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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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
August 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	Tue	08:02	12:15	12:21	05:38	02			
2	Wed	08:28	12:00	12:03	05:02	28			
3	Thu	08:10	12:00	12:02	05:25	10			
4	Fri	08:08	12:00	12:01	05:23	08			
5	Sat				#DSWD				
6	Sun								
7	Mon	08:01	12:00	12:02	05:04	01			
8	Tue	08:05	12:01	12:02	05:06	05			
9	Wed	08:01	12:04	12:08	05:12	01			
10	Thu	08:37	12:24	12:27	05:18	37			
11	Fri	08:19	12:01	12:03	05:00	19			
12	Sat								
13	Sun								
14	Mon	07:28	12:00	12:02	05:03				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:15	12:27	12:29	05:22	15			
8	Tue	08:07	12:08	12:10	05:27	07			
9	Wed	08:14	12:07	12:09	05:25	14			
10	Thu	07:55		#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:51	12:05	12:26	05:30				
30	Wed	08:00	12:04	12:06	05:08				
31	Thu	08:09	12:28	12:30	05:18	09			

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:15	12:27	12:29	05:22	15			
8	Tue	08:07	12:08	12:10	05:27	07			
9	Wed	08:14	12:07	12:09	05:25	14			
10	Thu	07:55		#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:51	12:05	12:26	05:30				
30	Wed	08:00	12:04	12:06	05:08				
31	Thu	08:09	12:28	12:30	05:18	09			

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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
August 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	Tue	08:02	12:19	12:29	05:02	02			
2	Wed								
3	Thu	07:57	12:02	12:04	04:57	03			
4	Fri	08:02	12:03	12:05	05:02	02			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:55	12:01	12:04	05:00				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:00	12:20	12:26	05:00				
15	Tue	08:08	12:41	01:01	05:08	09			
16	Wed	08:09	12:07	12:12	05:09	09			
17	Thu	07:59	12:00	12:01	04:59	01			
18	Fri	07:58	12:05	12:07	04:59	01			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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.

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
August 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	Tue	08:02	12:19	12:29	05:02	02			
2	Wed								
3	Thu	07:57	12:02	12:04	04:57	03			
4	Fri	08:02	12:03	12:05	05:02	02			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:55	12:01	12:04	05:00				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:00	12:20	12:26	05:00				
15	Tue	08:08	12:41	01:01	05:08	09			
16	Wed	08:09	12:07	12:12	05:09	09			
17	Thu	07:59	12:00	12:01	04:59	01			
18	Fri	07:58	12:05	12:07	04:59	01			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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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
 August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	09:04	12:36	12:38	05:23	64			
8	Tue	09:07	12:26	12:28	06:12	67			
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon		12:15	12:19	05:10				
15	Tue	#DSWD	12:16	12:19	05:11				
16	Wed	08:24	12:01	12:02	05:08	24			
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:07	12:09	12:10	05:11	07			
23	Wed	08:17	12:24	12:25	05:10	17			
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD	12:38	12:42	05:10				
31	Thu								

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.

FAISAH M. MANGONDAYA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	09:04	12:36	12:38	05:23	64			
8	Tue	09:07	12:26	12:28	06:12	67			
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon		12:15	12:19	05:10				
15	Tue	#DSWD	12:16	12:19	05:11				
16	Wed	08:24	12:01	12:02	05:08	24			
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:07	12:09	12:10	05:11	07			
23	Wed	08:17	12:24	12:25	05:10	17			
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD	12:38	12:42	05:10				
31	Thu								

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.

FAISAH M. MANGONDAYA

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
August 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	Tue	07:48	12:28	12:30	05:09				
2	Wed	07:59	12:20	12:22	05:00				
3	Thu	07:29	12:08	12:10	05:00				
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:15	12:27	12:29	05:23	15			
8	Tue	08:06	12:08	12:10	05:27	06			
9	Wed	08:14	12:07	12:09	05:25	14			
10	Thu	07:55		#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:51	12:05	12:26	05:30				
30	Wed	08:00	12:05	12:07	05:08				
31	Thu	08:09	12:28	12:30	05:18	09			

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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
August 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	Tue	07:48	12:28	12:30	05:09				
2	Wed	07:59	12:20	12:22	05:00				
3	Thu	07:29	12:08	12:10	05:00				
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:15	12:27	12:29	05:23	15			
8	Tue	08:06	12:08	12:10	05:27	06			
9	Wed	08:14	12:07	12:09	05:25	14			
10	Thu	07:55		#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:51	12:05	12:26	05:30				
30	Wed	08:00	12:05	12:07	05:08				
31	Thu	08:09	12:28	12:30	05:18	09			

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.

ROSEMAY C. SUMANTING

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
August 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	Tue	08:21	12:08	12:10	05:27	21			
2	Wed	08:17	12:08	12:16	05:26	17			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:06	12:12	12:13	05:13	06			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:56	12:06	12:11	05:11				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun			#DSWD					
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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.

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
August 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	Tue	08:21	12:08	12:10	05:27	21			
2	Wed	08:17	12:08	12:16	05:26	17			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:06	12:12	12:13	05:13	06			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:56	12:06	12:11	05:11				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun			#DSWD					
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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.

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:01	12:45	12:46	05:19	01			
15	Tue	08:21	12:50	12:51	05:03	21			
16	Wed								
17	Thu								
18	Fri	08:37	01:03	01:04		41			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:23				23			
30	Wed	#DSWD							
31	Thu								

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-ZHAINAB S. ALAWI

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:01	12:45	12:46	05:19	01			
15	Tue	08:21	12:50	12:51	05:03	21			
16	Wed								
17	Thu								
18	Fri	08:37	01:03	01:04		41			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:23				23			
30	Wed	#DSWD							
31	Thu								

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-ZHAINAB S. ALAWI

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

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

Name: **AISAH B. AGUAM**

Emp no.: **1366**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Tue	08:41	12:04	12:05	05:06	41			
2	Wed	08:47	12:01	12:04	05:04	47			
3	Thu		12:14	12:15					
4	Fri	08:46	12:17	12:18		46			
5	Sat				#DSWD				
6	Sun								
7	Mon	09:04	12:41	12:43	05:04	64			
8	Tue	08:40	12:07	12:09	05:06	40			
9	Wed	08:39	12:03	12:05	05:03	39			
10	Thu		12:07	12:09	05:06				
11	Fri	08:50	12:08	12:10	05:06	50			
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed	08:59	12:03	12:04	05:07	59			
17	Thu		12:03	12:04	05:01				
18	Fri	09:02	12:04	12:05	05:06	62			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	09:02				62			
23	Wed								
24	Thu								
25	Fri		12:43	12:44					
26	Sat								
27	Sun								
28	Mon								
29	Tue		12:29	12:30	05:11				
30	Wed	08:53	12:04	12:06	05:09	53			
31	Thu								

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.

AISAH B. AGUAM

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

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

Name: **AISAH B. AGUAM**

Emp no.: **1366**

Entity: **4PS - CONTRACTUAL**

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Tue	08:41	12:04	12:05	05:06	41			
2	Wed	08:47	12:01	12:04	05:04	47			
3	Thu		12:14	12:15					
4	Fri	08:46	12:17	12:18		46			
5	Sat				#DSWD				
6	Sun								
7	Mon	09:04	12:41	12:43	05:04	64			
8	Tue	08:40	12:07	12:09	05:06	40			
9	Wed	08:39	12:03	12:05	05:03	39			
10	Thu		12:07	12:09	05:06				
11	Fri	08:50	12:08	12:10	05:06	50			
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed	08:59	12:03	12:04	05:07	59			
17	Thu		12:03	12:04	05:01				
18	Fri	09:02	12:04	12:05	05:06	62			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	09:02				62			
23	Wed								
24	Thu								
25	Fri		12:43	12:44					
26	Sat								
27	Sun								
28	Mon								
29	Tue		12:29	12:30	05:11				
30	Wed	08:53	12:04	12:06	05:09	53			
31	Thu								

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.

AISAH B. AGUAM

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
 August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:39	12:02	12:04	05:02				
8	Tue	07:50	12:11	12:12	05:25				
9	Wed	07:35	12:03	12:04	05:03				
10	Thu	07:46		#DSWD					
11	Fri	07:58	12:50	12:52	05:03				
12	Sat								
13	Sun								
14	Mon	07:22	12:36	12:38	05:02				
15	Tue	08:08	12:17	12:18	05:12	08			
16	Wed	08:08	12:52	12:53	05:18	08			
17	Thu	08:17	12:29	12:30	05:31	17			
18	Fri	07:51	12:26	12:27	04:51	09			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
 August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:39	12:02	12:04	05:02				
8	Tue	07:50	12:11	12:12	05:25				
9	Wed	07:35	12:03	12:04	05:03				
10	Thu	07:46		#DSWD					
11	Fri	07:58	12:50	12:52	05:03				
12	Sat								
13	Sun								
14	Mon	07:22	12:36	12:38	05:02				
15	Tue	08:08	12:17	12:18	05:12	08			
16	Wed	08:08	12:52	12:53	05:18	08			
17	Thu	08:17	12:29	12:30	05:31	17			
18	Fri	07:51	12:26	12:27	04:51	09			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed	08:11	12:29	12:44	05:15	11			
3	Thu		12:18	12:18	05:01				
4	Fri		12:00	12:09	05:09				
5	Sat				#DSWD				
6	Sun								
7	Mon				05:08				
8	Tue		12:26	12:27	05:24				
9	Wed		12:16		05:13				
10	Thu		12:16	12:18	05:10				
11	Fri		12:16	12:32					
12	Sat								
13	Sun								
14	Mon		12:21	12:22	05:05				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	05:52	12:20		05:03				
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:43	12:20	12:22	05:12				
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed	08:11	12:29	12:44	05:15	11			
3	Thu		12:18	12:18	05:01				
4	Fri		12:00	12:09	05:09				
5	Sat				#DSWD				
6	Sun								
7	Mon				05:08				
8	Tue		12:26	12:27	05:24				
9	Wed		12:16		05:13				
10	Thu		12:16	12:18	05:10				
11	Fri		12:16	12:32					
12	Sat								
13	Sun								
14	Mon		12:21	12:22	05:05				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	05:52	12:20		05:03				
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:43	12:20	12:22	05:12				
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:46	12:40	12:42	05:31	46			
2	Wed	08:30				30			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:48	12:41	12:43	05:11				
8	Tue	08:30	12:11	12:14	05:19	30			
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:19	12:24	12:26	05:08	19			
15	Tue	08:26	12:03	12:05	05:09	26			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:09	12:02	12:07	05:12	09			
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:46	12:40	12:42	05:31	46			
2	Wed	08:30				30			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:48	12:41	12:43	05:11				
8	Tue	08:30	12:11	12:14	05:19	30			
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:19	12:24	12:26	05:08	19			
15	Tue	08:26	12:03	12:05	05:09	26			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:09	12:02	12:07	05:12	09			
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:36	12:12	12:18	05:12	36			
2	Wed	08:29	12:04	12:09	05:49	29			
3	Thu	08:19	12:08	12:10	05:15	19			
4	Fri	08:41	12:59	01:00	05:19	41			
5	Sat				#DSWD				
6	Sun								
7	Mon	08:18	12:04	12:05	05:38	18			
8	Tue	08:40	12:03	12:07	05:38	40			
9	Wed	08:32	12:06	12:08	05:36	32			
10	Thu			#DSWD					
11	Fri	08:55	12:22	12:23	05:17	55			
12	Sat								
13	Sun								
14	Mon	08:04	12:16	12:17	05:24	04			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:36	12:12	12:18	05:12	36			
2	Wed	08:29	12:04	12:09	05:49	29			
3	Thu	08:19	12:08	12:10	05:15	19			
4	Fri	08:41	12:59	01:00	05:19	41			
5	Sat				#DSWD				
6	Sun								
7	Mon	08:18	12:04	12:05	05:38	18			
8	Tue	08:40	12:03	12:07	05:38	40			
9	Wed	08:32	12:06	12:08	05:36	32			
10	Thu			#DSWD					
11	Fri	08:55	12:22	12:23	05:17	55			
12	Sat								
13	Sun								
14	Mon	08:04	12:16	12:17	05:24	04			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:40	12:10	12:12	05:18				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:51	12:02	12:05					
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:40	12:10	12:12	05:18				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:51	12:02	12:05					
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:35	12:42	12:45	05:24	35			
2	Wed	08:09	12:05	12:07	05:07	09			
3	Thu	07:56	12:10	12:13	05:04				
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	08:04	12:06	12:08	05:06	04			
16	Wed	07:57	12:07	12:09	05:12				
17	Thu								
18	Fri	08:09	12:16	12:18	05:30	09			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:51	12:27	12:31	05:01	51			
23	Wed	08:46	12:06	12:09	05:17	46			
24	Thu	08:39	12:12	12:14	05:04	39			
25	Fri	08:21	12:07	12:11	05:03	21			
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:00	12:02	12:04	05:02				
30	Wed	08:05	12:03	12:06	05:01	05			
31	Thu								

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
August 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	Tue	08:35	12:42	12:45	05:24	35			
2	Wed	08:09	12:05	12:07	05:07	09			
3	Thu	07:56	12:10	12:13	05:04				
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	08:04	12:06	12:08	05:06	04			
16	Wed	07:57	12:07	12:09	05:12				
17	Thu								
18	Fri	08:09	12:16	12:18	05:30	09			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:51	12:27	12:31	05:01	51			
23	Wed	08:46	12:06	12:09	05:17	46			
24	Thu	08:39	12:12	12:14	05:04	39			
25	Fri	08:21	12:07	12:11	05:03	21			
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:00	12:02	12:04	05:02				
30	Wed	08:05	12:03	12:06	05:01	05			
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu	08:01	12:08	12:10	05:00	01			
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:46	12:15	12:17	05:22				
8	Tue	08:00	12:08	12:10	05:29				
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun			#DSWD					
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:26	12:05	12:26	05:23				
30	Wed	07:59	12:04	12:06	05:08				
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu	08:01	12:08	12:10	05:00	01			
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:46	12:15	12:17	05:22				
8	Tue	08:00	12:08	12:10	05:29				
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun			#DSWD					
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:26	12:05	12:26	05:23				
30	Wed	07:59	12:04	12:06	05:08				
31	Thu								

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
August 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	Tue	08:10	12:16	12:25	05:38	10			
2	Wed	08:23	12:33	12:39	05:18	23			
3	Thu	08:01	12:11	12:19	05:07	01			
4	Fri	08:18	12:06	12:09		18			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:40	12:07	12:10	05:07				
8	Tue	08:06			05:24	06			
9	Wed	08:01	12:45	12:48	05:08	01			
10	Thu	07:49	12:15	12:17	05:06				
11	Fri	08:03	12:14			03			
12	Sat								
13	Sun								
14	Mon	07:54	12:20	12:22	05:04				
15	Tue	08:01				01			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:02	12:06	12:20	05:13	02			
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:10	12:16	12:25	05:38	10			
2	Wed	08:23	12:33	12:39	05:18	23			
3	Thu	08:01	12:11	12:19	05:07	01			
4	Fri	08:18	12:06	12:09		18			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:40	12:07	12:10	05:07				
8	Tue	08:06			05:24	06			
9	Wed	08:01	12:45	12:48	05:08	01			
10	Thu	07:49	12:15	12:17	05:06				
11	Fri	08:03	12:14			03			
12	Sat								
13	Sun								
14	Mon	07:54	12:20	12:22	05:04				
15	Tue	08:01				01			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:02	12:06	12:20	05:13	02			
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 1 - 30, 2023

Name: ANGEL JANE I. ESPEDES

Emp no.: 1882

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	09:12	12:15	12:18	05:51	72			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	09:07	12:20	12:21	05:01	67			
15	Tue	08:44	12:28	12:34	05:08	44			
16	Wed		12:14	12:15	05:16				
17	Thu	09:18	12:04	12:06	05:04	78			
18	Fri	09:06	12:01	12:07	05:08	66			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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.

ANGEL JANE I. ESPEDES

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

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

Name: ANGEL JANE I. ESPEDES

Emp no.: 1882

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	09:12	12:15	12:18	05:51	72			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	09:07	12:20	12:21	05:01	67			
15	Tue	08:44	12:28	12:34	05:08	44			
16	Wed		12:14	12:15	05:16				
17	Thu	09:18	12:04	12:06	05:04	78			
18	Fri	09:06	12:01	12:07	05:08	66			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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.

ANGEL JANE I. ESPEDES

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue	08:15	12:08	12:10	05:25	15			
9	Wed	08:00	12:00	12:02					
10	Thu			#DSWD					
11	Fri	08:59	12:27	12:28	05:30	59			
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue	08:15	12:08	12:10	05:25	15			
9	Wed	08:00	12:00	12:02					
10	Thu			#DSWD					
11	Fri	08:59	12:27	12:28	05:30	59			
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:28	12:15	12:18	05:29	28			
2	Wed	08:18	12:04	12:06	05:41	18			
3	Thu	08:10	12:24	12:25	05:04	10			
4	Fri		12:17	12:18	05:10				
5	Sat				#DSWD				
6	Sun								
7	Mon	08:12	12:37	12:38	05:28	12			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:06	12:35	12:36	05:07	06			
15	Tue	08:23	12:15	12:17	05:05	23			
16	Wed	08:20	12:04	12:05	05:03	20			
17	Thu	08:47	12:20	12:23	05:05	47			
18	Fri		12:25	12:26	05:07				
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:28	12:15	12:18	05:29	28			
2	Wed	08:18	12:04	12:06	05:41	18			
3	Thu	08:10	12:24	12:25	05:04	10			
4	Fri		12:17	12:18	05:10				
5	Sat				#DSWD				
6	Sun								
7	Mon	08:12	12:37	12:38	05:28	12			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:06	12:35	12:36	05:07	06			
15	Tue	08:23	12:15	12:17	05:05	23			
16	Wed	08:20	12:04	12:05	05:03	20			
17	Thu	08:47	12:20	12:23	05:05	47			
18	Fri		12:25	12:26	05:07				
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:07	12:50	12:51	05:25	07			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:22	12:35	12:37	05:09				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:03				03			
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:07	12:50	12:51	05:25	07			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:22	12:35	12:37	05:09				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:03				03			
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:38			05:40				
8	Tue	08:15	12:01	12:02	05:25	15			
9	Wed	08:00	12:01	12:03	05:09				
10	Thu	08:28	12:05	12:07	05:10	28			
11	Fri	09:00	12:06	12:15	05:30	60			
12	Sat								
13	Sun								
14	Mon	07:52	12:00	12:16	05:01				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:46	12:02	12:03	05:04				
23	Wed	07:56	12:00	12:02	05:31				
24	Thu	08:02	12:08	12:25		02			
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:38			05:40				
8	Tue	08:15	12:01	12:02	05:25	15			
9	Wed	08:00	12:01	12:03	05:09				
10	Thu	08:28	12:05	12:07	05:10	28			
11	Fri	09:00	12:06	12:15	05:30	60			
12	Sat								
13	Sun								
14	Mon	07:52	12:00	12:16	05:01				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:46	12:02	12:03	05:04				
23	Wed	07:56	12:00	12:02	05:31				
24	Thu	08:02	12:08	12:25		02			
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:17	12:12	12:18	05:02	17			
2	Wed	08:16	12:00	12:04	05:16	16			
3	Thu	08:24	12:01	12:03	05:10	24			
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:36	12:01	12:03	05:02				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	09:03	12:14	12:16	05:11	63			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:17	12:12	12:18	05:02	17			
2	Wed	08:16	12:00	12:04	05:16	16			
3	Thu	08:24	12:01	12:03	05:10	24			
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:36	12:01	12:03	05:02				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	09:03	12:14	12:16	05:11	63			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:01	12:43	12:44	05:28	01			
8	Tue	08:23	12:12	01:29	05:23	52			
9	Wed	08:20	12:10	12:11	05:17	20			
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:53	12:33	12:34	05:10				
15	Tue	08:22	12:30	12:31	05:50	22			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:02	12:33		05:02	02			
23	Wed		12:28	12:30	05:36				
24	Thu	08:38	12:19	12:20	05:48	38			
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue		01:07	01:08	08:09	08			
30	Wed	06:40	12:16	12:18	05:10				
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:01	12:43	12:44	05:28	01			
8	Tue	08:23	12:12	01:29	05:23	52			
9	Wed	08:20	12:10	12:11	05:17	20			
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:53	12:33	12:34	05:10				
15	Tue	08:22	12:30	12:31	05:50	22			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:02	12:33		05:02	02			
23	Wed		12:28	12:30	05:36				
24	Thu	08:38	12:19	12:20	05:48	38			
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue		01:07	01:08	08:09	08			
30	Wed	06:40	12:16	12:18	05:10				
31	Thu								

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
August 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	Tue	08:20	12:13	12:15	05:25	20			
2	Wed	08:25	12:16	12:23	05:38	25			
3	Thu		12:01	12:14					
4	Fri	08:19				19			
5	Sat				#DSWD				
6	Sun								
7	Mon		12:10	12:23	05:05				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon		12:02	12:04	05:01				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:20	12:13	12:15	05:25	20			
2	Wed	08:25	12:16	12:23	05:38	25			
3	Thu		12:01	12:14					
4	Fri	08:19				19			
5	Sat				#DSWD				
6	Sun								
7	Mon		12:10	12:23	05:05				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon		12:02	12:04	05:01				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:35	12:03	12:04	05:16				
2	Wed	07:39	12:12	12:14	05:11				
3	Thu	08:19	12:33	12:34	05:10	19			
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri	08:30	12:12	12:13	05:28	30			
12	Sat								
13	Sun								
14	Mon	08:07	12:36	12:37	05:52	07			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:35	12:03	12:04	05:16				
2	Wed	07:39	12:12	12:14	05:11				
3	Thu	08:19	12:33	12:34	05:10	19			
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri	08:30	12:12	12:13	05:28	30			
12	Sat								
13	Sun								
14	Mon	08:07	12:36	12:37	05:52	07			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:55	12:01	12:03	05:00				
2	Wed	07:57	12:00	12:02	05:02				
3	Thu	07:57	12:01	12:03	05:02				
4	Fri	07:57	12:41	12:43	05:07				
5	Sat				#DSWD				
6	Sun								
7	Mon	07:34	12:00	12:03	05:02				
8	Tue	08:00	12:01	12:03	05:45				
9	Wed	07:52	12:00	12:03	05:19				
10	Thu	08:02	12:01	12:04	05:02	02			
11	Fri	07:41							
12	Sat								
13	Sun								
14	Mon	07:48	12:24	12:26	05:24				
15	Tue	07:11	12:28	12:31	05:02				
16	Wed	07:54	12:00	12:02	05:07				
17	Thu	07:57	12:00	12:02	05:03				
18	Fri	07:53	12:47	12:49	05:00				
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:48	12:01	12:03	05:01				
23	Wed	07:56	12:00	12:02	05:06				
24	Thu	07:55	12:01	12:03	05:19				
25	Fri	07:51	12:39	12:41	05:15				
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:47	12:00	12:02	05:00				
30	Wed	07:53							
31	Thu	07:48	12:00	12:02	05:01				

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
August 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	Tue	07:55	12:01	12:03	05:00				
2	Wed	07:57	12:00	12:02	05:02				
3	Thu	07:57	12:01	12:03	05:02				
4	Fri	07:57	12:41	12:43	05:07				
5	Sat				#DSWD				
6	Sun								
7	Mon	07:34	12:00	12:03	05:02				
8	Tue	08:00	12:01	12:03	05:45				
9	Wed	07:52	12:00	12:03	05:19				
10	Thu	08:02	12:01	12:04	05:02	02			
11	Fri	07:41							
12	Sat								
13	Sun								
14	Mon	07:48	12:24	12:26	05:24				
15	Tue	07:11	12:28	12:31	05:02				
16	Wed	07:54	12:00	12:02	05:07				
17	Thu	07:57	12:00	12:02	05:03				
18	Fri	07:53	12:47	12:49	05:00				
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:48	12:01	12:03	05:01				
23	Wed	07:56	12:00	12:02	05:06				
24	Thu	07:55	12:01	12:03	05:19				
25	Fri	07:51	12:39	12:41	05:15				
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:47	12:00	12:02	05:00				
30	Wed	07:53							
31	Thu	07:48	12:00	12:02	05:01				

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:41	12:25	12:31	05:47	41			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:44	12:06	12:07	05:36	44			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:41	12:25	12:31	05:47	41			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:44	12:06	12:07	05:36	44			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue		12:02	12:20	05:22				
2	Wed		12:18	12:19	05:14				
3	Thu		12:27	12:36	05:09				
4	Fri		12:29	12:31	05:01				
5	Sat				#DSWD				
6	Sun								
7	Mon	08:08	12:04	12:16	05:07	08			
8	Tue	08:55	12:08	12:10	05:09	55			
9	Wed		12:27	12:30	05:11				
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	08:14	12:20	12:23	05:02	14			
16	Wed	07:53	12:24	12:26	05:01				
17	Thu	09:04	12:25	12:28		64			
18	Fri		12:29	12:42					
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue		12:23	12:26	05:02				
23	Wed		12:19						
24	Thu		12:01	12:24	05:28				
25	Fri	08:16		#DSWD	05:08	16			
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:54	12:12	12:22	05:08	54			
30	Wed	08:33	12:29	12:31	05:05	33			
31	Thu	09:03				63			

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
August 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	Tue		12:02	12:20	05:22				
2	Wed		12:18	12:19	05:14				
3	Thu		12:27	12:36	05:09				
4	Fri		12:29	12:31	05:01				
5	Sat				#DSWD				
6	Sun								
7	Mon	08:08	12:04	12:16	05:07	08			
8	Tue	08:55	12:08	12:10	05:09	55			
9	Wed		12:27	12:30	05:11				
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	08:14	12:20	12:23	05:02	14			
16	Wed	07:53	12:24	12:26	05:01				
17	Thu	09:04	12:25	12:28		64			
18	Fri		12:29	12:42					
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue		12:23	12:26	05:02				
23	Wed		12:19						
24	Thu		12:01	12:24	05:28				
25	Fri	08:16		#DSWD	05:08	16			
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:54	12:12	12:22	05:08	54			
30	Wed	08:33	12:29	12:31	05:05	33			
31	Thu	09:03				63			

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:24	12:08	12:07	05:22				
8	Tue	07:31	12:06	12:08	05:25				
9	Wed	07:48	12:00	12:00	04:33	27			
10	Thu			#DSWD					
11	Fri	07:12	12:04	12:10	03:40	80			
12	Sat								
13	Sun								
14	Mon	07:36	12:15	12:17	05:41				
15	Tue	07:57	12:16	12:17	05:16				
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:57	12:00	12:01					
30	Wed	07:07	12:13	12:19	04:48	12			
31	Thu	07:10	12:23	12:25	04:10	50			

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:24	12:08	12:07	05:22				
8	Tue	07:31	12:06	12:08	05:25				
9	Wed	07:48	12:00	12:00	04:33	27			
10	Thu			#DSWD					
11	Fri	07:12	12:04	12:10	03:40	80			
12	Sat								
13	Sun								
14	Mon	07:36	12:15	12:17	05:41				
15	Tue	07:57	12:16	12:17	05:16				
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:57	12:00	12:01					
30	Wed	07:07	12:13	12:19	04:48	12			
31	Thu	07:10	12:23	12:25	04:10	50			

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
August 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	Tue								
2	Wed		12:35		05:14				
3	Thu	07:56	12:07	12:09	06:45				
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue	07:52		12:07	05:18				
9	Wed		12:27	12:29	05:07				
10	Thu			#DSWD					
11	Fri	07:54	12:16	12:25	05:08				
12	Sat								
13	Sun								
14	Mon	07:43	12:46	12:48					
15	Tue	#DSWD							
16	Wed	07:46	12:15	12:18	05:23				
17	Thu	07:20			05:10				
18	Fri		12:25	12:28	05:01				
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:40	12:35	12:37					
23	Wed	07:54	12:11	12:10	05:30				
24	Thu		12:24	12:25	05:03				
25	Fri		12:17	12:19	05:00				
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:52	12:33	12:34					
30	Wed	#DSWD	12:47	12:49					
31	Thu		12:27	12:28	05:03				

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
August 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	Tue								
2	Wed		12:35		05:14				
3	Thu	07:56	12:07	12:09	06:45				
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue	07:52		12:07	05:18				
9	Wed		12:27	12:29	05:07				
10	Thu			#DSWD					
11	Fri	07:54	12:16	12:25	05:08				
12	Sat								
13	Sun								
14	Mon	07:43	12:46	12:48					
15	Tue	#DSWD							
16	Wed	07:46	12:15	12:18	05:23				
17	Thu	07:20			05:10				
18	Fri		12:25	12:28	05:01				
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:40	12:35	12:37					
23	Wed	07:54	12:11	12:10	05:30				
24	Thu		12:24	12:25	05:03				
25	Fri		12:17	12:19	05:00				
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:52	12:33	12:34					
30	Wed	#DSWD	12:47	12:49					
31	Thu		12:27	12:28	05:03				

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
August 1 - 30, 2023

Name: KRISTINVANESSA DE PEDRO

Emp no.: 0298

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Tue	08:03	12:09	12:13	05:21	03			
2	Wed	08:06	12:09	12:14	05:25	06			
3	Thu								
4	Fri								
5	Sat								
6	Sun								
7	Mon	07:46	12:11	12:13	05:27				
8	Tue								
9	Wed								
10	Thu								
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue								
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun								
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri								
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed								
31	Thu								

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.

KRISTINVANESSA DE PEDRO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

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

Name: KRISTINVANESSA DE PEDRO

Emp no.: 0298

Entity: 4PS - CONTRACTUAL

Date	Day	A.M.		P.M.		Late/ UT	OT	REG HRS	
		IN	OUT	IN	OUT				
1	Tue	08:03	12:09	12:13	05:21	03			
2	Wed	08:06	12:09	12:14	05:25	06			
3	Thu								
4	Fri								
5	Sat								
6	Sun								
7	Mon	07:46	12:11	12:13	05:27				
8	Tue								
9	Wed								
10	Thu								
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue								
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun								
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri								
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed								
31	Thu								

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.

KRISTINVANESSA DE PEDRO

Verified as to the prescribed office hours

Signature of the Immediate Supervisor

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DAILY TIME RECORD
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:49	12:37	12:38	05:26				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:56							
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:49	12:37	12:38	05:26				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:56							
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:34	12:38	12:42	05:05				
2	Wed	07:53	12:05	12:08	05:08				
3	Thu	07:57	12:21	12:27	05:04				
4	Fri	08:08	12:05	12:08	05:10	08			
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:37			05:22				
15	Tue	07:49	12:30	12:43	05:16				
16	Wed	08:00	12:12	12:16	05:17				
17	Thu	07:52	12:33	12:40	05:11				
18	Fri	08:03	12:17	12:22		03			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:42	12:18	12:21	05:30				
23	Wed	07:55	12:19	12:23	05:16				
24	Thu	07:52	12:02	12:04	05:08				
25	Fri	07:40	12:10	12:25	05:10				
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:32	12:03	12:07	05:04				
30	Wed	07:13							
31	Thu								

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
August 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	Tue	07:34	12:38	12:42	05:05				
2	Wed	07:53	12:05	12:08	05:08				
3	Thu	07:57	12:21	12:27	05:04				
4	Fri	08:08	12:05	12:08	05:10	08			
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:37			05:22				
15	Tue	07:49	12:30	12:43	05:16				
16	Wed	08:00	12:12	12:16	05:17				
17	Thu	07:52	12:33	12:40	05:11				
18	Fri	08:03	12:17	12:22		03			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:42	12:18	12:21	05:30				
23	Wed	07:55	12:19	12:23	05:16				
24	Thu	07:52	12:02	12:04	05:08				
25	Fri	07:40	12:10	12:25	05:10				
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:32	12:03	12:07	05:04				
30	Wed	07:13							
31	Thu								

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
August 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	Tue	08:19	12:20	12:25	05:03	19			
2	Wed	08:19	12:14	12:15		19			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:53	12:07	12:08	05:01				
15	Tue	#DSWD	12:52	12:56	05:05				
16	Wed		12:10	12:11	05:10				
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:19	12:20	12:25	05:03	19			
2	Wed	08:19	12:14	12:15		19			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:53	12:07	12:08	05:01				
15	Tue	#DSWD	12:52	12:56	05:05				
16	Wed		12:10	12:11	05:10				
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD			05:53				
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue				06:19				
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD			05:53				
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue				06:19				
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:02	12:13	12:14	05:14	02			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:17	12:03	12:18	05:19	17			
15	Tue	#DSWD							
16	Wed	07:16	12:00	12:01	04:22	38			
17	Thu	07:19	12:07	12:09	04:16	44			
18	Fri	07:23							
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:13	12:08	12:09	04:55	05			
23	Wed	07:11	12:03	12:04	04:30	30			
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:12	12:01	12:02	05:21				
30	Wed	07:15	12:02	12:05	04:27	33			
31	Thu	07:10	12:30	12:32	04:52	08			

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:02	12:13	12:14	05:14	02			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:17	12:03	12:18	05:19	17			
15	Tue	#DSWD							
16	Wed	07:16	12:00	12:01	04:22	38			
17	Thu	07:19	12:07	12:09	04:16	44			
18	Fri	07:23							
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:13	12:08	12:09	04:55	05			
23	Wed	07:11	12:03	12:04	04:30	30			
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:12	12:01	12:02	05:21				
30	Wed	07:15	12:02	12:05	04:27	33			
31	Thu	07:10	12:30	12:32	04:52	08			

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
August 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	Tue	08:12	12:08	12:13	05:27	12			
2	Wed	08:07	12:08	12:17	05:14	07			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:05	12:12	12:13	05:13	05			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:19	12:29	12:30	05:11	19			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun			#DSWD					
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:12	12:08	12:13	05:27	12			
2	Wed	08:07	12:08	12:17	05:14	07			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:05	12:12	12:13	05:13	05			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:19	12:29	12:30	05:11	19			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun			#DSWD					
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:59			05:38				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:03	12:00	12:02	05:26	03			
15	Tue	08:17	12:02	12:05	05:26	17			
16	Wed	08:42	12:09	12:19	05:46	42			
17	Thu	08:19	12:00	12:02	05:09	19			
18	Fri	08:28	12:44	12:52	05:17	28			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:02	12:48	12:51	05:16	02			
23	Wed	08:25	12:10	12:12	05:48	25			
24	Thu	08:18	12:47	12:48	05:06	18			
25	Fri	08:32	12:01	12:04	05:00	32			
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:59			05:38				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:03	12:00	12:02	05:26	03			
15	Tue	08:17	12:02	12:05	05:26	17			
16	Wed	08:42	12:09	12:19	05:46	42			
17	Thu	08:19	12:00	12:02	05:09	19			
18	Fri	08:28	12:44	12:52	05:17	28			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:02	12:48	12:51	05:16	02			
23	Wed	08:25	12:10	12:12	05:48	25			
24	Thu	08:18	12:47	12:48	05:06	18			
25	Fri	08:32	12:01	12:04	05:00	32			
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue		12:07	12:09	05:09				
2	Wed	07:50	12:01	12:03	05:12				
3	Thu	07:51	12:31	12:33	05:05				
4	Fri	07:49	12:01	12:04	05:00				
5	Sat				#DSWD				
6	Sun								
7	Mon	07:05	12:05	12:07	05:02				
8	Tue	07:49	12:08	12:14	04:45	15			
9	Wed	07:54	12:08	12:10	05:17				
10	Thu	08:32	12:06	12:44	04:41	51			
11	Fri	08:19				19			
12	Sat								
13	Sun								
14	Mon	07:53	12:49	12:52	05:03				
15	Tue	07:42			05:06				
16	Wed	08:00	12:03	12:06	05:05				
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:05				05			
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:49	12:22	12:27		49			
30	Wed	08:58	12:38	12:48	05:03	58			
31	Thu	09:05		01:06	04:27	104			

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
August 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	Tue		12:07	12:09	05:09				
2	Wed	07:50	12:01	12:03	05:12				
3	Thu	07:51	12:31	12:33	05:05				
4	Fri	07:49	12:01	12:04	05:00				
5	Sat				#DSWD				
6	Sun								
7	Mon	07:05	12:05	12:07	05:02				
8	Tue	07:49	12:08	12:14	04:45	15			
9	Wed	07:54	12:08	12:10	05:17				
10	Thu	08:32	12:06	12:44	04:41	51			
11	Fri	08:19				19			
12	Sat								
13	Sun								
14	Mon	07:53	12:49	12:52	05:03				
15	Tue	07:42			05:06				
16	Wed	08:00	12:03	12:06	05:05				
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:05				05			
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:49	12:22	12:27		49			
30	Wed	08:58	12:38	12:48	05:03	58			
31	Thu	09:05		01:06	04:27	104			

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:55	12:05	12:07	05:14				
8	Tue	08:39	12:03	12:28	05:27	39			
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:06	12:34	12:36	05:05	06			
15	Tue	08:34	12:10	12:12	05:04	34			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:00	12:18	12:20	05:00				
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:55	12:05	12:07	05:14				
8	Tue	08:39	12:03	12:28	05:27	39			
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:06	12:34	12:36	05:05	06			
15	Tue	08:34	12:10	12:12	05:04	34			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:00	12:18	12:20	05:00				
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:34	12:01	12:03	05:10				
8	Tue	08:00	12:02	12:28	05:00				
9	Wed	08:32	12:02	12:05	05:12	32			
10	Thu			#DSWD					
11	Fri	07:46	12:16	12:19	04:38	22			
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed	07:12	12:04	12:07	04:10	50			
17	Thu	08:36	12:23	12:25	05:37	36			
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	07:50	12:13	12:17	04:55	05			
31	Thu	08:08	12:09	12:11	05:03	08			

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:34	12:01	12:03	05:10				
8	Tue	08:00	12:02	12:28	05:00				
9	Wed	08:32	12:02	12:05	05:12	32			
10	Thu			#DSWD					
11	Fri	07:46	12:16	12:19	04:38	22			
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed	07:12	12:04	12:07	04:10	50			
17	Thu	08:36	12:23	12:25	05:37	36			
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	07:50	12:13	12:17	04:55	05			
31	Thu	08:08	12:09	12:11	05:03	08			

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:44	12:45	12:47	05:40				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:53	12:06	12:08	05:53				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:44	12:45	12:47	05:40				
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:53	12:06	12:08	05:53				
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:22	12:19	12:22	05:30	22			
2	Wed	08:28	12:19	12:21	05:34	28			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:22	12:19	12:22	05:30	22			
2	Wed	08:28	12:19	12:21	05:34	28			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:02	12:02	12:04		02			
2	Wed	07:56	12:03	12:07	05:04				
3	Thu	07:54	12:15	12:27	05:03				
4	Fri	08:01				01			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:48	12:51	12:53	05:01				
8	Tue	07:45	12:00	12:02	05:02				
9	Wed	08:00	12:00	12:01	05:02				
10	Thu	08:02	12:02	12:04	05:02	02			
11	Fri	08:13	12:00	12:02	05:02	13			
12	Sat								
13	Sun								
14	Mon	08:00	12:01	12:03	05:04				
15	Tue	07:54	12:00	12:04					
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:55	12:02	12:04	05:08				
23	Wed	08:04	12:02	12:03	05:04	04			
24	Thu	08:03	12:03	12:05	05:05	03			
25	Fri	08:00	12:06	12:08	05:04				
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:52	12:00	12:02	05:02				
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:02	12:02	12:04		02			
2	Wed	07:56	12:03	12:07	05:04				
3	Thu	07:54	12:15	12:27	05:03				
4	Fri	08:01				01			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:48	12:51	12:53	05:01				
8	Tue	07:45	12:00	12:02	05:02				
9	Wed	08:00	12:00	12:01	05:02				
10	Thu	08:02	12:02	12:04	05:02	02			
11	Fri	08:13	12:00	12:02	05:02	13			
12	Sat								
13	Sun								
14	Mon	08:00	12:01	12:03	05:04				
15	Tue	07:54	12:00	12:04					
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:55	12:02	12:04	05:08				
23	Wed	08:04	12:02	12:03	05:04	04			
24	Thu	08:03	12:03	12:05	05:05	03			
25	Fri	08:00	12:06	12:08	05:04				
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:52	12:00	12:02	05:02				
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:56	12:03	12:05	05:16				
2	Wed	08:08				08			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:44	12:18	12:19	05:07				
8	Tue	08:22	12:04	12:31	05:11	22			
9	Wed								
10	Thu			#DSWD					
11	Fri	08:32	12:01	12:02	05:51	32			
12	Sat								
13	Sun								
14	Mon	07:56	12:17	12:18					
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue		12:21	12:22					
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:56	12:03	12:05	05:16				
2	Wed	08:08				08			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:44	12:18	12:19	05:07				
8	Tue	08:22	12:04	12:31	05:11	22			
9	Wed								
10	Thu			#DSWD					
11	Fri	08:32	12:01	12:02	05:51	32			
12	Sat								
13	Sun								
14	Mon	07:56	12:17	12:18					
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue		12:21	12:22					
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:04	12:22	12:25	05:30	04			
2	Wed	08:03	12:02	12:03	05:35	03			
3	Thu	08:06	12:24	12:25	05:04	06			
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:43	12:24	12:26	05:15				
8	Tue	08:26	12:21	12:22	05:46	26			
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:16	12:21	12:23	06:10				
15	Tue	07:25	12:25	12:27	05:48				
16	Wed	07:23	12:05	12:06	05:17				
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:21	12:04	12:06	05:22				
23	Wed	07:15	12:16	12:18	05:16				
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:04	12:22	12:25	05:30	04			
2	Wed	08:03	12:02	12:03	05:35	03			
3	Thu	08:06	12:24	12:25	05:04	06			
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:43	12:24	12:26	05:15				
8	Tue	08:26	12:21	12:22	05:46	26			
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:16	12:21	12:23	06:10				
15	Tue	07:25	12:25	12:27	05:48				
16	Wed	07:23	12:05	12:06	05:17				
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:21	12:04	12:06	05:22				
23	Wed	07:15	12:16	12:18	05:16				
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:56	12:06	12:10		56			
2	Wed		12:11	12:16					
3	Thu	07:58							
4	Fri	08:02	12:12	12:18		02			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:48							
8	Tue	08:48				48			
9	Wed	08:46	12:24	12:29	05:00	46			
10	Thu	07:44	12:50	12:52					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	08:34	12:07	12:09	05:00	34			
16	Wed		12:18	12:24					
17	Thu	08:06				06			
18	Fri	07:47	12:03	12:05					
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:55			05:21				
23	Wed	08:52	12:16	12:29	05:39	52			
24	Thu	08:10	12:24	12:26	05:17	10			
25	Fri	08:57	12:33	12:35		57			
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:40				40			
30	Wed	08:43	12:28	12:45		43			
31	Thu	07:48		12:13	05:09				

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
August 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	Tue	08:56	12:06	12:10		56			
2	Wed		12:11	12:16					
3	Thu	07:58							
4	Fri	08:02	12:12	12:18		02			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:48							
8	Tue	08:48				48			
9	Wed	08:46	12:24	12:29	05:00	46			
10	Thu	07:44	12:50	12:52					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	08:34	12:07	12:09	05:00	34			
16	Wed		12:18	12:24					
17	Thu	08:06				06			
18	Fri	07:47	12:03	12:05					
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:55			05:21				
23	Wed	08:52	12:16	12:29	05:39	52			
24	Thu	08:10	12:24	12:26	05:17	10			
25	Fri	08:57	12:33	12:35		57			
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:40				40			
30	Wed	08:43	12:28	12:45		43			
31	Thu	07:48		12:13	05:09				

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:49	12:07	12:08	06:00				
8	Tue	08:24	12:03	12:04	05:06	24			
9	Wed	08:08	12:16	12:17	05:04	08			
10	Thu			#DSWD					
11	Fri	08:27	12:40	12:41		27			
12	Sat								
13	Sun								
14	Mon	07:54	12:34	12:35					
15	Tue	08:40	12:54	12:55	05:03	40			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:55	12:33	12:34	04:57	58			
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:49							
30	Wed	#DSWD							
31	Thu	08:10				10			

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:49	12:07	12:08	06:00				
8	Tue	08:24	12:03	12:04	05:06	24			
9	Wed	08:08	12:16	12:17	05:04	08			
10	Thu			#DSWD					
11	Fri	08:27	12:40	12:41		27			
12	Sat								
13	Sun								
14	Mon	07:54	12:34	12:35					
15	Tue	08:40	12:54	12:55	05:03	40			
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:55	12:33	12:34	04:57	58			
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:49							
30	Wed	#DSWD							
31	Thu	08:10				10			

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	09:30	12:28	12:29	05:11	90			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	09:30	12:28	12:29	05:11	90			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:17	12:00	12:08	05:11				
2	Wed	07:38	12:50	12:54	05:05				
3	Thu	07:47	12:31	12:35	05:01				
4	Fri	08:24			05:02	24			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:48	12:04	12:07					
8	Tue	08:37	12:14	12:24	05:00	37			
9	Wed	07:53	12:02	12:10	05:19				
10	Thu	08:35	12:00	12:03		35			
11	Fri	08:03			05:07	03			
12	Sat								
13	Sun								
14	Mon	07:46	12:27	12:47	05:19				
15	Tue	08:09	12:07	12:12	05:04	09			
16	Wed	07:53	12:13	12:24	05:03				
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:58							
23	Wed	07:53							
24	Thu								
25	Fri	08:02	12:54	12:56	05:02	02			
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:35	12:11	12:13	05:00				
30	Wed	07:39	12:04	12:08					
31	Thu	07:05							

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
August 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	Tue	07:17	12:00	12:08	05:11				
2	Wed	07:38	12:50	12:54	05:05				
3	Thu	07:47	12:31	12:35	05:01				
4	Fri	08:24			05:02	24			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:48	12:04	12:07					
8	Tue	08:37	12:14	12:24	05:00	37			
9	Wed	07:53	12:02	12:10	05:19				
10	Thu	08:35	12:00	12:03		35			
11	Fri	08:03			05:07	03			
12	Sat								
13	Sun								
14	Mon	07:46	12:27	12:47	05:19				
15	Tue	08:09	12:07	12:12	05:04	09			
16	Wed	07:53	12:13	12:24	05:03				
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:58							
23	Wed	07:53							
24	Thu								
25	Fri	08:02	12:54	12:56	05:02	02			
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:35	12:11	12:13	05:00				
30	Wed	07:39	12:04	12:08					
31	Thu	07:05							

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
 August 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	Tue	09:14	12:22	12:25	05:36	74			
2	Wed	08:50	12:17	12:19	06:00	50			
3	Thu	09:03	12:24	12:26	05:31	63			
4	Fri								
5	Sat								
6	Sun								
7	Mon	07:50	12:27	12:28	05:21				
8	Tue	08:40	12:21	12:22	05:52	40			
9	Wed								
10	Thu								
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue								
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun								
21	Mon								
22	Tue	08:49	12:21	12:22	05:36	49			
23	Wed								
24	Thu								
25	Fri								
26	Sat								
27	Sun								
28	Mon								
29	Tue	09:07	12:41	12:42	06:08	67			
30	Wed								
31	Thu								

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
 August 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	Tue	09:14	12:22	12:25	05:36	74			
2	Wed	08:50	12:17	12:19	06:00	50			
3	Thu	09:03	12:24	12:26	05:31	63			
4	Fri								
5	Sat								
6	Sun								
7	Mon	07:50	12:27	12:28	05:21				
8	Tue	08:40	12:21	12:22	05:52	40			
9	Wed								
10	Thu								
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue								
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun								
21	Mon								
22	Tue	08:49	12:21	12:22	05:36	49			
23	Wed								
24	Thu								
25	Fri								
26	Sat								
27	Sun								
28	Mon								
29	Tue	09:07	12:41	12:42	06:08	67			
30	Wed								
31	Thu								

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
August 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	Tue	07:52	12:58	12:59	05:27				
2	Wed	08:05	12:08	12:14	05:14	05			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:06	12:12	12:14	05:13	06			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:11	12:28	12:29	05:11	11			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:52	12:58	12:59	05:27				
2	Wed	08:05	12:08	12:14	05:14	05			
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:06	12:12	12:14	05:13	06			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:11	12:28	12:29	05:11	11			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:28	12:03		05:14				
15	Tue	07:21	12:16	12:27	05:09				
16	Wed	07:38	12:00	12:15	05:14				
17	Thu	07:50	12:03	12:07	05:10				
18	Fri	08:03	12:50	12:52	06:18	03			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:28	12:03		05:14				
15	Tue	07:21	12:16	12:27	05:09				
16	Wed	07:38	12:00	12:15	05:14				
17	Thu	07:50	12:03	12:07	05:10				
18	Fri	08:03	12:50	12:52	06:18	03			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:27	12:01	12:02	06:04	27			
2	Wed		12:08	12:45	05:15				
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:23	12:14	12:17	05:11	23			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:54	12:24	12:25	05:08	54			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun			#DSWD					
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:27	12:01	12:02	06:04	27			
2	Wed		12:08	12:45	05:15				
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:23	12:14	12:17	05:11	23			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:54	12:24	12:25	05:08	54			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun			#DSWD					
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:46	12:24	12:24	05:09				
2	Wed	07:37	12:10	12:11	05:21				
3	Thu	08:23	12:03	12:07	05:16	23			
4	Fri	08:02	12:03	12:04	05:18	02			
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:08	12:26	12:27	05:08	08			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	06:54	12:08	12:10	05:12				
23	Wed	08:24	12:34	12:36	05:11	24			
24	Thu	08:00	12:08	12:10	05:05				
25	Fri	08:13	12:13	12:16	05:03	13			
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:25	12:13	12:14	05:22				
30	Wed	07:36	12:40	12:41	04:57	03			
31	Thu	07:47	12:46	12:48	05:07				

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
August 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	Tue	07:46	12:24	12:24	05:09				
2	Wed	07:37	12:10	12:11	05:21				
3	Thu	08:23	12:03	12:07	05:16	23			
4	Fri	08:02	12:03	12:04	05:18	02			
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:08	12:26	12:27	05:08	08			
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	06:54	12:08	12:10	05:12				
23	Wed	08:24	12:34	12:36	05:11	24			
24	Thu	08:00	12:08	12:10	05:05				
25	Fri	08:13	12:13	12:16	05:03	13			
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:25	12:13	12:14	05:22				
30	Wed	07:36	12:40	12:41	04:57	03			
31	Thu	07:47	12:46	12:48	05:07				

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
August 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	Tue	07:55	12:19	12:22	05:03				
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:30	12:41	12:42	05:04				
15	Tue	07:47	12:23	12:24	05:02				
16	Wed	07:59	12:00	12:01	05:08				
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:55	12:19	12:22	05:03				
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	07:30	12:41	12:42	05:04				
15	Tue	07:47	12:23	12:24	05:02				
16	Wed	07:59	12:00	12:01	05:08				
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue								
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	07:41	12:06	12:10	05:06				
2	Wed	08:13	12:36	12:37	05:02	13			
3	Thu								
4	Fri	09:04	12:00	12:01	05:04	64			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:41	12:00	12:01	05:03				
8	Tue				05:03				
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:00	12:14	12:16	05:19				
15	Tue	08:24			05:07	24			
16	Wed	08:45	01:03	01:04	05:01	49			
17	Thu			01:23	05:09	23			
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:01	12:06	12:07	05:07	01			
23	Wed	08:51	12:55	12:56		51			
24	Thu	08:33	01:10	01:11	05:20	44			
25	Fri	08:42		01:05	05:05	47			
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:22	12:04	12:06	05:00	22			
30	Wed	09:37	12:32	12:35	05:05	97			
31	Thu	09:31	12:19	12:21	05:05	91			

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
August 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	Tue	07:41	12:06	12:10	05:06				
2	Wed	08:13	12:36	12:37	05:02	13			
3	Thu								
4	Fri	09:04	12:00	12:01	05:04	64			
5	Sat				#DSWD				
6	Sun								
7	Mon	07:41	12:00	12:01	05:03				
8	Tue				05:03				
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon	08:00	12:14	12:16	05:19				
15	Tue	08:24			05:07	24			
16	Wed	08:45	01:03	01:04	05:01	49			
17	Thu			01:23	05:09	23			
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:01	12:06	12:07	05:07	01			
23	Wed	08:51	12:55	12:56		51			
24	Thu	08:33	01:10	01:11	05:20	44			
25	Fri	08:42		01:05	05:05	47			
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:22	12:04	12:06	05:00	22			
30	Wed	09:37	12:32	12:35	05:05	97			
31	Thu	09:31	12:19	12:21	05:05	91			

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
August 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	Tue	08:34	12:02	12:04	05:02	34			
2	Wed	08:55	12:01	12:07	05:05	55			
3	Thu	08:45	12:11	12:13	05:04	45			
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	09:32	12:25	12:26	05:21	92			
8	Tue	08:37	12:01	12:03	05:07	37			
9	Wed	09:12	12:03	12:04	05:08	72			
10	Thu			#DSWD					
11	Fri	08:42	12:04	12:05	05:02	42			
12	Sat								
13	Sun								
14	Mon	09:16	12:05	12:06	05:03	76			
15	Tue	09:02	12:06	12:07		62			
16	Wed	09:35	12:03	12:05	05:04	95			
17	Thu	09:01	12:47	12:49	05:02	61			
18	Fri	08:40	12:04	12:05	05:02	40			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:16	12:06	12:09	06:36	16			
23	Wed		12:03	12:04	05:37				
24	Thu	08:42	12:04	12:05	05:01	42			
25	Fri		12:07	12:08	05:33				
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:31				31			
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue	08:34	12:02	12:04	05:02	34			
2	Wed	08:55	12:01	12:07	05:05	55			
3	Thu	08:45	12:11	12:13	05:04	45			
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	09:32	12:25	12:26	05:21	92			
8	Tue	08:37	12:01	12:03	05:07	37			
9	Wed	09:12	12:03	12:04	05:08	72			
10	Thu			#DSWD					
11	Fri	08:42	12:04	12:05	05:02	42			
12	Sat								
13	Sun								
14	Mon	09:16	12:05	12:06	05:03	76			
15	Tue	09:02	12:06	12:07		62			
16	Wed	09:35	12:03	12:05	05:04	95			
17	Thu	09:01	12:47	12:49	05:02	61			
18	Fri	08:40	12:04	12:05	05:02	40			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	08:16	12:06	12:09	06:36	16			
23	Wed		12:03	12:04	05:37				
24	Thu	08:42	12:04	12:05	05:01	42			
25	Fri		12:07	12:08	05:33				
26	Sat								
27	Sun								
28	Mon								
29	Tue	08:31				31			
30	Wed	#DSWD							
31	Thu								

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
August 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	Tue		12:26	12:27	05:18				
2	Wed	08:41	12:51	12:52	05:19	41			
3	Thu	08:52	12:07	12:08	05:00	52			
4	Fri		12:17	12:18	05:14				
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue	08:56	12:37	12:38	05:06	56			
9	Wed	09:29		01:40	05:04	129			
10	Thu			#DSWD					
11	Fri	09:44		01:50	03:25	249			
12	Sat								
13	Sun								
14	Mon		12:24	12:25	05:09				
15	Tue	09:30	12:10	12:11	05:54	90			
16	Wed	09:09	12:05	12:06	05:05	69			
17	Thu	08:48	12:07	12:08	03:07	161			
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue		12:44	12:46	05:32				
23	Wed	09:23	12:02	12:03	05:10	83			
24	Thu		12:13	12:14	05:04				
25	Fri		12:07	12:08					
26	Sat								
27	Sun								
28	Mon								
29	Tue	09:49		12:14		109			
30	Wed	08:28			03:52	96			
31	Thu								

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
August 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	Tue		12:26	12:27	05:18				
2	Wed	08:41	12:51	12:52	05:19	41			
3	Thu	08:52	12:07	12:08	05:00	52			
4	Fri		12:17	12:18	05:14				
5	Sat				#DSWD				
6	Sun								
7	Mon								
8	Tue	08:56	12:37	12:38	05:06	56			
9	Wed	09:29		01:40	05:04	129			
10	Thu			#DSWD					
11	Fri	09:44		01:50	03:25	249			
12	Sat								
13	Sun								
14	Mon		12:24	12:25	05:09				
15	Tue	09:30	12:10	12:11	05:54	90			
16	Wed	09:09	12:05	12:06	05:05	69			
17	Thu	08:48	12:07	12:08	03:07	161			
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue		12:44	12:46	05:32				
23	Wed	09:23	12:02	12:03	05:10	83			
24	Thu		12:13	12:14	05:04				
25	Fri		12:07	12:08					
26	Sat								
27	Sun								
28	Mon								
29	Tue	09:49		12:14		109			
30	Wed	08:28			03:52	96			
31	Thu								

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:54	12:04	12:06	05:38				
8	Tue	08:40	12:02	12:04	05:38	40			
9	Wed	08:32	12:26	12:28	05:35	32			
10	Thu			#DSWD					
11	Fri	08:00	12:20	12:21	05:21				
12	Sat								
13	Sun								
14	Mon	08:04	12:07	12:08	05:23	04			
15	Tue	07:06	12:28	12:29	05:07				
16	Wed	07:03	12:45	12:46	05:00				
17	Thu	06:59	12:47	12:48	05:20				
18	Fri	08:09	12:11	12:12	05:09	09			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:04	12:52	12:53	05:09				
30	Wed	08:04	12:49	12:50	05:09	04			
31	Thu	08:22	12:54	12:55	05:11	22			

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
August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:54	12:04	12:06	05:38				
8	Tue	08:40	12:02	12:04	05:38	40			
9	Wed	08:32	12:26	12:28	05:35	32			
10	Thu			#DSWD					
11	Fri	08:00	12:20	12:21	05:21				
12	Sat								
13	Sun								
14	Mon	08:04	12:07	12:08	05:23	04			
15	Tue	07:06	12:28	12:29	05:07				
16	Wed	07:03	12:45	12:46	05:00				
17	Thu	06:59	12:47	12:48	05:20				
18	Fri	08:09	12:11	12:12	05:09	09			
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:04	12:52	12:53	05:09				
30	Wed	08:04	12:49	12:50	05:09	04			
31	Thu	08:22	12:54	12:55	05:11	22			

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
 August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:31	12:00	12:03	05:01				
8	Tue	07:12	12:02	12:03	05:27				
9	Wed	07:19	12:00	12:01					
10	Thu			#DSWD					
11	Fri	07:20	12:00	12:01	05:00				
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue				05:42				
30	Wed	07:16	12:01	12:02	05:00				
31	Thu	07:24	12:02	12:03	05:18				

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
 August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	07:31	12:00	12:03	05:01				
8	Tue	07:12	12:02	12:03	05:27				
9	Wed	07:19	12:00	12:01					
10	Thu			#DSWD					
11	Fri	07:20	12:00	12:01	05:00				
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue								
23	Wed								
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue				05:42				
30	Wed	07:16	12:01	12:02	05:00				
31	Thu	07:24	12:02	12:03	05:18				

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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
 August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:02	12:13	12:14	05:14	02			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:50	12:07	12:08	04:55	05			
23	Wed	08:38	12:03	12:03	05:35	38			
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:37	12:01	12:02	04:41	19			
30	Wed	#DSWD							
31	Thu								

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
 August 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	Tue								
2	Wed								
3	Thu								
4	Fri								
5	Sat				#DSWD				
6	Sun								
7	Mon	08:02	12:13	12:14	05:14	02			
8	Tue								
9	Wed								
10	Thu			#DSWD					
11	Fri								
12	Sat								
13	Sun								
14	Mon								
15	Tue	#DSWD							
16	Wed								
17	Thu								
18	Fri								
19	Sat								
20	Sun				#DSWD				
21	Mon								
22	Tue	07:50	12:07	12:08	04:55	05			
23	Wed	08:38	12:03	12:03	05:35	38			
24	Thu								
25	Fri			#DSWD					
26	Sat								
27	Sun								
28	Mon								
29	Tue	07:37	12:01	12:02	04:41	19			
30	Wed	#DSWD							
31	Thu								

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INAS S. CODARANGAN

Verified as to the prescribed office hours

Signature of the Immediate Supervisor