

(For Regular & Probationary Employee)

DEPARTMENT/BRANCH: _____

POSITION: _____

1. The employee concerned will be considered absent on date without time in and/or out.
2. Time Sheet are to be filled by employee concerned & countersigned by his/her Supervisor and Operations Manager.
3. Any fraudulent entry in this form is a cause for DISMISSAL (Co. Rule 1, Sec. 1a).
4. All time sheet must be received by Human Resource Department within 2 working days from the cut-off date, late submissions will be included in the next payroll.
5. Night differential / overtime are strictly paid by the hour.

[illegible]

WE CERTIFY THE TRUTH AND CORRECTNESS OF THE ABOVE

Operations Manager

----- DO NOT FILL BELOW THIS LINE -----

No. of Days: _____ **Night Diff.:** _____ **Regular OT:** _____ **Sunday OT:** _____

Absences: _____ **Undertime:** _____ **Legal Hol.:** _____ **Special Hol.:** _____

Process for HRD by: _____ Checked by: _____

Print Date/Time:

Period Covered: