

Last Name

Last Name

**ASSIGNED INSTRUCTOR/S**

Send DTRs To

Duty to

Last Name

First Name

Password

Password

**SA and HK HEAD**

Account

Account

Records DTRS

Records DTRS

Time Out

Time Out

First Name

Last Name

Last Name

First Name

Password

Account

Account

Records DTRS

Time Out

Time In

First Name

Password

Email

Course

Extension Name

First Name

Last Name

Middle Name

Name

Date

Records DTRS

Time In

Time Out

Email

Account

Email

Password

Extension Name

Name

Middle Name

First Name

Contact Number

Name

Name

Time Out

Time In

Date

Extension Name

First Name

Name

Last Name

Middle Name

Account

Password

Email

Email

Account

Contact Number

Extension Name

Middle Name

Last Name

First Name

First Name

Extension Name

Name

Duty

to

Send DTR to

Student ID no.

**STUDENT**

CEA

CSS

CMA

CHS

Contact Number

HRM

Pharmacy

Nursing

Engineering

Information Technology

Criminology

Computer Science

Architecture

Accountancy

Department

CAS

CITE

CITE

Extension Name

Last Name

Middle Name

Third Year

Second Year

First Year

Year

First Name

Name

STUDENTS

STUDENTS