_	_	
('C	L∩rm	713

Cs Form 4	18
-----------	----

.S FC	//////////////////////////////////////								
	DAILY TIME RECORD								
				NA	ME				
For t	he mo	nth of							
Off		rs of Ai ar Days							
	Satu	rdays:							
DAY A.M. P.M. OVERTIME LAT						LATE/U			
А	IN	OUT	IN	OUT	IN	OUT	Hr:Min	Hr:Mir	
1									

DAY	A.	A.M.		M.	OVERTIME			LATE/U1		
DAY	IN	OUT	IN	OUT	IN	OUT	Hr:Min			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23						-				
24										
25						-				
26 27										
28				\vdash						
29				\vdash						
30										
31										
				WEEK	DAYS	I				
TOTAL		۱L	SAT	URDAY/SUI		IDAY				

I HEREBY CERTIFY that the above entries are true and correct report of the hours of
work performed, record of which was made daily from the time of arrival and
departure to/from the Office.

Employee's Signature
Immediate Supervisor

			RD	

	NAME	
For the month of		
Office hours of Arrival		
Regular Days:		

		irdays:								Satu
ΑΥ	A.M.		P.M.		(OVERT	IME	LATE/UT	DAY	A.
Ai	IN	OUT	IN	OUT	IN	OUT	Hr:Min	Hr:Min	DAI	IN
1									1	
2									2	
3									3	
4									4	
2 3 4 5 6 7 8									5	
6									6	
7									7	
8									8	
9									9	
10									10	
11									11	
12									12	
13									13	
14									14	
15									15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
20 21 22 23 24 25 26 27									23	
24									24	
25									25	
26									26	
27									27	
28									28	
29									29	
30									30	
31									31	
٦	OTA	۸L	· · ·	WEEK					1	TOT/
			SΔT	LIKI)AV/SHII	ωυΔΥ/ΗΩΙ	ΙΙΙΙΔΥ				

HEREBY CERTIFY that the above entries are true and correct report of the hours of
vork performed, record of which was made daily from the time of arrival and
leparture to/from the Office.

Employee's Signature
Immediate Supervisor

DAILY TIME RECORD

	NAME	
For the month of		
Office hours of Arrival		
Regular Days:		
Saturdays:		

4										
Т	DAY	A.M.		P.M.		OVERTIME			LATE/U	
١		IN	OUT	IN	OUT	IN	OUT	Hr:Min	Hr:Min	
	1									
	2									
	3									
	4									
	5									
	6									
	7									
╛	8									
	9									
╛	10									
╛	11									
╛	12									
╛	13									
╛	14									
╛	15									
_	16									
╛	17									
4	18									
4	19									
_	20									
4	21									
4	22									
4	23									
4	24									
4	25									
4	26									
4	27									
4	28									
4	29									
4	30									
4	31				\	DAVC				
4	TOTAL		\L	WEEKDAYS						
┙				SATURDAY/SUNDAY/HOLIDAY						

I HEREBY CERTIFY that the above entries are true and correct report of the hours of work performed, record of which was made daily from the time of arrival and departure to/from the Office.

Employee's Signature
 Immediate Supervisor