



TIME RECORD

I hereby certify that I have rendered services regularly for the period of JULY 1-14, 2021 except on the following dates indicated:

DATE	SICK LEAVE	VACATION LEAVE

MAGDARA A. SARIP
Resident Manager

Noted:

Atty. MARIA TERESA C. ALVAREZ

Manager-Operations Department

This form should be submitted within three (3) days of succeeding month.

c.c.: Department File

Employee

