




TIME RECORD

I hereby certify that I have rendered services regularly for the period of
OCTOBER 1- 31, 2021 except on the following dates indicated:

DATE	SICK LEAVE	VACATION LEAVE


DR. CLAIRE S. BORJA
Officer in charge

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