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TIME RECORD (For Officers Only)

I hereby certify that I have rendered services regularly for the month of <u>AUGUST</u>, <u>2021</u> except on the following dates indicated:

CHARGEABLE AGAINST

DATE	SICK LEAVE	VACATION LEAVE
NONE	NONE	NONE

1720/ MA. CARMELA LV. MARQUEZ

No./Name and Signature

NOTED:

MARIA TERESA C. ALVAREZ

Manager

Operations Department

