



**Practical Training Program
for DOST-SEI Scholars**

DAILY TIME RECORD

Name of Scholar-Trainee _____
For the Month of _____ Year _____
Official Hours for (Regular Days) _____

DAY	AM		PM		Undertime Hrs/Mins
	Arrival	Departure	Arrival	Departure	
1					
2					
3					
4					
5					
6					
7					
8					
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24					
25					
26					
27					
28					
29					
30					
31					
TOTAL					

I certify on my honor that the above is true and correct report of hours of work, performed, records of which was made daily at the time of arrival and departure from office.

VERIFIED as to the prescribed office hours.

Training Supervisor



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