DAILY TIME RECORD

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Rosemarie B. Mamaclay

(NAME)

For the month of	December 13-13	2 2012
Tor the month of	December 13-1.), ZUI3

Official hours for arrival { Regular days and departure { Saturdays

DAY		1			,		
1	DAY	Υ		P.M.			
2 3 4 5 5 6 6 7 7 8 8 9 9 10 10 11 1 12 12 13 14 15 16 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19		ARRIVAL	DEPARTU RE	ARRIVAL	DEPARTU RE	HOURS	MINUTES
3 4 5 5 6 6 7 7 8 8 9 9 10 10 11 1 12 13 14 15 15 16 16 17 18 18 19 19 20 21 12 22 23 24 25 26 27 28 29 30 1 30 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	1						
4							
5 6 7 8 9 10 10 11 1 12 13 14 15 16 16 17 18 18 19 19 20 21 12 22 23 24 25 26 27 28 29 30 1 30 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	3						
6							
7 8 9 10 10 11 1 12 13 14 15 16 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19							
8 9 10 11 11 12 13 14 15 16 17 18 19 19 20 21 21 22 23 24 25 26 27 28 29 30	6						
9							
10							
11 12 13 14 15 16 17 18 19 19 20 11 21 122 23 12 24 12 25 12 26 12 27 12 28 12 30 10							
12	10						
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	11						
14 15 16 17 18 19 20 19 21 19 22 10 23 10 24 10 25 10 26 10 27 10 28 10 30 10	12						
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30							
16 17 18 19 20 21 21 22 23 24 25 26 27 28 29 30	14						
17 18 19 20 21 21 22 23 24 25 26 27 28 29 30	15						
18 19 20 21 22 23 24 25 26 27 28 29 30	16						
19	17						
20	18						
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25 26 27 28 29 30	23						
26	24						
27 28 29 30	25						
28 29 30	26						
29 30	27						
30	28						
	29						
31	30						
	31						

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

VERIFIED as to the prescribed office hours.

MOISES V. LAZARO, MD. Chief of Hospital

In Charge

(SEE INSTRUCTION ON BACK)

Tardiness: (0x)
Under time: (0x)

Over Time:

CIVIL SERVICE FORM NO. 48

DAILY TIME RECORD

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Rosemarie B. Mamaclay

(NAME)

For the month of December 13-13, 2013

Official hours for arrival { Regular days and departure { Saturdays

DAY	A.M.		P.M.		UNDER TIME	
	ARRIVAL	DEPARTU RE	ARRIVAL	DEPARTU RE	HOURS	MINUTES
1						
2						
3						
4						
5						,
6						,
7						,
8						,
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31						

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

VERIFIED as to the prescribed office hours.

TOTAL:

MOISES V. LAZARO, MD. Chief of Hospital

In Charge

(SEE INSTRUCTION ON BACK)

Tardiness: (0x)
Under time: (0x)

Over Time: