

**DAILY TIME RECORD**

Name: HONEY FE SACAYAN

For the month of OCTOBER , 2023

**Official Hour for Arrival and Departure**

Regular Days: a.m. p.m.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DAYS | **A.M.** | | **P.M.** | | REMARKS |
| IN | OUT | IN | OUT |
| 1 | SUNDAY |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 | SATURDAY |
| 8 | SUNDAY |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 | SATURDAY |
| 15 | SUNDAY |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 | SATURDAY |
| 22 | SUNDAY |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 | SATURDAY |
| 29 | SUNDAY |
| 30 |  |  |  |  |  |
| 31 |  |  |  |  |  |

TOTAL \_\_\_\_\_\_\_

THIS IS TO CERTIFY ON MY HONOR that the above is true and correct report of the honor at work performed, record of which was made daily at the time of arrival and departure from office.

Dr. John M. Bagcal

Signature Immediate Supervisor



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| 30 |  |  |  |  |  |
| 31 |  |  |  |  |  |

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