

Name:

For the month of

**Official Hour for Arrival and Departure**

Regular Days: a.m. p.m.

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| DAYS | **A.M.** | | **P.M.** | | REMARKS |
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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.

Signature

Dr. John M. Bagcal

Immediate Supervisor

**DAILY TIME RECORD**

**DAILY TIME RECORD**



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For the month of

**Official Hour for Arrival and Departure**

Regular Days: a.m. p.m.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DAYS | **A.M.** | | **P.M.** | | REMARKS |
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TOTAL \_\_\_\_\_\_\_

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Dr. John M. Bagcal

Immediate Supervisor