## DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT KAPIT BISIG LABAN SA KAHIRAPAN COMPREHENSIVE AND INTEGRATED DELIVERY OF KAPANGYARIHAN AT KAUNLARAN SA BARANGAY CASH FOR WORK PROGRAM

		AILY	TIM	E RECOI	RD				
	For the Mon	th of _	ofJUNE			2025			
Full Name:	Full Name: DAVID		CHARINADE LIEZEL			POLINGA			
	Last Name	2,	Fist Name,			Middle Name,		I	Ext
Area of Assignment:	INSTITUTE OF MATHEMATICAL APPLICATIONS AND COMPUTING SCIENCES						S		
Official Working Hours		AM				PM			
		l	N	OUT	I	N		OUT	
Weekdays		8:00		12:00	1:00		5:00		
Weekend									
AM		PM I			TO	TOTAL HOURS RENDERED			

		M	PM		TOTAL HOURS RENDERED		
DAY	IN	OUT	IN	OUT	HOURS	MINUTES	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16	7:30	12:00	1:00	5:00	8		
17	7:45	12:00	1:00	5:00	8		
18							
19							
20	7:30	12:00	1:00	5:00	8		
21							
22							
23	7:40	12:00	1:00	5:00	8		
24	7:50	12:00	1:00	5:00	8		
25	7:55	12:00	1:00	5:00	8		
26	7:48	12:00	1:00	5:00	8		
27	7:50	12:00	1:00	5:00	8		
28							
29							
30	7:40	12:00	1:00	5:00	8		
31							

I certify on my honor that the above is a true and correct report of the hours of work

Prepared by:

Approved by:

CHARINADE LIEZEL P. DAVID	
Beneficiary	Name and Signature of Immediate/Alternate