

**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**

**DAILY TIME RECORD**

*For the Month of \_\_\_\_\_, 2025*

**Full Name:**

\_\_\_\_\_  
*Last Name, First Name, Middle Name, Ext*

**Area of Assignment:**

Official Working Hours	AM		PM	
	IN	OUT	IN	OUT
Weekdays				
Weekend				

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

*I certify on my honor that the above is a true and correct report of the hours of work*  
**Prepared by:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_

\_\_\_\_\_  
**Beneficiary**

\_\_\_\_\_  
**Name and Signature of Immediate/Alternate**

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