

**Daily Time Record(DTR)**

For the Period: \_\_\_\_\_

Name: \_\_\_\_\_

Place of Assignment: \_\_\_\_\_

DAYS	MORNING		AFTERNOON		Daily Total
	IN	OUT	IN	OUT	
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					

**DEPARTMENT OF LABOR AND EMPLOYMENT**

Regional Office No. XI

**GOVERNMENT INTERNSHIP PROGRAM****ACCOMPLISHMENT REPORT OF INTERNS**

Other duties/functions performed in the area of assignment

Problems Encountered:

I hereby certify that the above records are true &amp; correct

Prepared By: \_\_\_\_\_

Intern

Certified By: \_\_\_\_\_

Immediate Supervisor

LBP Acc. Number: \_\_\_\_\_

To be filled-up by the HR Unit: \_\_\_\_\_

Total No. of Working Days: \_\_\_\_\_

No. of Absences: \_\_\_\_\_

Tardiness: \_\_\_\_\_

Undertime: \_\_\_\_\_

Checked By: \_\_\_\_\_