

TARLAC STATE UNIVERSITY

(College / Office)

DAILY TIME RECORD

(Last Name, First Name MI.)

(Position)

For the month of _____, 20____

Official hours of arrival and departure _____ Regular Days _____ Saturdays _____

Table with columns: Days, A.M. (ARRIVAL, DEPARTURE), P.M. (ARRIVAL, DEPARTURE), UNDER TIME (Hours, Minutes). Rows 1-31 and a TOTAL row.

I CERTIFY on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

Signature of Personnel

Immediate Supervisor/Dean/Director

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