TARLAC STATE UNIVERSITY

(College / Office)

•		/	
DAILY	TIME	RECORE)

		(Last Name	e, First Name	e <i>MI.)</i>			
		(F	Position)				
	month of ficial hours and			gular Days Saturdays	20 <u> </u>		
_	A.M.		P.	P.M.		UNDER TIME	
Days	ARRIVAL	DEPARTURE	ARRIVAL	DEPARTURE	Hours	Minutes	
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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

TARLAC STATE UNIVERSITY

(Callage	/ Office		

(College / Office)

DAILY TIME RECORD

(Last Name, First Name MI.)

	month of fficial hours and	of arrival departure	Re	egular Days Saturdays	20 <u> </u>	
Days	A.M.		P.M.		UNDER TIME	
Days	ARRIVAL	DEPARTURE	ARRIVAL	DEPARTURE	Hours	Minutes
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Signature of Personnel

Immediate Supervisor/Dean/Director