

DAILY TIME RECORD

(NAME)

Position: _____

Area of Assignment: _____

For the month of _____

Official hrs. for arrival (Reg.Days)
and Departure (Saturdays)

DAY	A.M.		P.M.		overtime		undertime	
	in	out	in	out	in	out	HRS.	MIN.
1								
2								
3								
4								
5								
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7								
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24								
25								
26								
27								
28								
29								
30								
31								

TOTAL -----

I hereby certify that the above records
are true and correct.

EMPLOYEE'S SIGNATURE

Verified as to the prescribed office hours.

IN-CHARGE

DAILY TIME RECORD

(NAME)

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