UPM-OSA-OP-13 F3 UPM-OSA-OP-13 F3

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| **University of the Philippines Manila**  **STUDENT ASSISTANT'S DAILY TIME RECORD**  For the month of ,20\_\_\_  Authorized Work Hours: Div./Dept.: | | | | | | | **University of the Philippines Manila**  **STUDENT ASSISTANT'S DAILY TIME RECORD**  For the month of ,20\_\_\_  Authorized Work Hours: Div./Dept.: | | | | | | |
|  | **A.M.** | | **P.M** | | **TOTAL** | |  | **A.M.** | | **P.M.** | | **TOTAL** | |
| **Day** | In | Out | In | Out | Hours | Mins | **Day** | In | Out | In | Out | Hours | Mins |
| 1 |  |  |  |  |  |  | 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  | 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  | 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  | 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  | 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  | 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  | 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  | 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  | 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  | 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  | 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  | 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  | 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  | 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  | 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  | 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  | 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  | 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  | 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  | 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  | 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  | 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  | 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  | 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  | 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  | 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  | 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  | 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  | 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  | 30 |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  | 31 |  |  |  |  |  |  |
| **TOTAL=**  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  Verified as to the prescribed office hours.  IN-CHARGE | | | | | | | **TOTAL =**  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  Verified as to the prescribed office hours.  IN-CHARGE | | | | | | |