

**CIVIL SERVICE FORM NO. 48
DAILY TIME RECORD**

(Name)

For the month of _____, 20_____
 Official hours arrival and departur
 Reg. Days : _____
 Saturday : _____

Day	A . M .		P . M .		UNDERTIME	
	Arriva	Departure	Arriva	Departure	Hrs.	Min.
1						
2						
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22						
23						
24						
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26						
27						
28						
29						
30						
31						

TOTAL

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

Employee

Verified in the prescribed office hours
IN-CHARGE

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