



CS Form No. 48

DAILY TIME RECORD

(Name)

For the month of _____ 202__ Regular days _____

Official hour of arrival and departure. Saturdays: _____

Days	AM		PM		Overtime/ Undertime	
	Arrival	Departure	Arrival	Departure	Hours	Minute
1						
2						
3						
4						
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22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total						

I certify on my honor that the above is 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 Employee)

Certified as to the prescribed office hours:

(Immediate Supervisor)



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