

DAILY TIME RECORD

Name

For the month of _____

Office Hours (regular days) _____

Arrival & Departure _____

Saturdays _____

	A M		P M		Hours	Min.
	Arri val	Depar ture	Arri val	Depar Ture		
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29						
30						
31						

Total _____

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

(Signature)

Verified as to the prescribed office hours

(In-charge)

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