Unli Solutions

MANPOWER SERVICES & EVENTS MANAGEMENT INC.

CLIENT _____ DATE _____

VENUE _____ FUNCTION _____

DEPARTMENT _____

NAME _____ POSITION _____

DATE	Official Duty	TIME (A.M.)		TIME (P.M.)		Total No. of Hours		
		IN	OUT	IN	OUT	RH	OT	NP

REMARKS

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

_____

_____

_____

_____

Employee's Signature

TOTAL NO. OF HOURS

RH_____ LH_____ SH_____

OT_____ OT_____ OT_____

NP_____ NP_____ NP_____

Checked By:

Verified By:

_____

Contractor's Representative

_____

Dept. Head/Division Head