## **BIOMETRICS LOG UPDATING / CORRECTION REQUEST FORM**

Office / College:	-							
For the month of :								
DATE	DAY	MORNING		AFTERNOON		EVENING		TOTAL
DATE	DAY	IN	OUT	IN	OUT	IN	OUT	HOURS
Reason for Updatin	g / Correction	on:						
Certified Services F	Rendered:							
			Employee	's Signature			Date S	ubmitted
HEREBY CERTIFY that my direct supervision a checked against the log	and the items			, (P	proved:			
Immedia	te Supervisor	/ Head / Dir	ector / Dear	<u> </u>		VPAA / VPA / VPRDE / OUP		
Form No.: TSU-EWU-SF-20	)	Revision No	Revision No.: 00		ate: October 06	5, 2023	Page 1 of 1	
OFFICE OF HU EMPLOYEE V	E UNIVERSITY JMAN RESOURC WELFARE UNIT DMETRICS	Γ			ION REQI	JEST F	ORM	
OFFICE OF HUE MPLOYEE N  BIC  Name of Personnel  Office / College:	JMAN RESOURC WELFARE UNIT DMETRICS :	LOG UPI	DATING /	CORRECT		JEST F	ORM	
OFFICE OF HUE MPLOYEE N  BIC  Name of Personnel	JMAN RESOURC WELFARE UNIT DMETRICS :	LOG UPI	DATING /	CORRECT				
OFFICE OF HUE MPLOYEE N  BIC  Name of Personnel  Office / College:	JMAN RESOURC WELFARE UNIT DMETRICS :	LOG UPE	DATING /	CORRECT	RNOON	EV	ENING	
OFFICE OF HUEMPLOYEE N  BIC  Name of Personnel  Office / College:  For the month of :	JMAN RESOURC WELFARE UNIT DMETRICS :	LOG UPI	DATING /	CORRECT				
OFFICE OF HUEMPLOYEE N  BIC  Name of Personnel  Office / College:  For the month of :	JMAN RESOURC WELFARE UNIT DMETRICS :	LOG UPE	DATING /	CORRECT	RNOON	EV	ENING	
OFFICE OF HUEMPLOYEE N  BIC  Name of Personnel  Office / College:  For the month of :	JMAN RESOURC WELFARE UNIT DMETRICS :	LOG UPE	DATING /	CORRECT	RNOON	EV	ENING	
OFFICE OF HUEMPLOYEE N  BIC  Name of Personnel  Office / College:  For the month of :	JMAN RESOURC WELFARE UNIT DMETRICS :	LOG UPE	DATING /	CORRECT	RNOON	EV	ENING	
OFFICE OF HUEMPLOYEE N BIC Name of Personnel Office / College: For the month of :  DATE  Reason for Updatin	DAY  g / Correction	MOR	NING OUT	CORRECT	RNOON	EV IN	ENING OUT	
OFFICE OF HUEMPLOYEE N BIC Name of Personnel Office / College: For the month of :  DATE  Reason for Updatin	DAY  g / Correction	MOR	NING OUT	AFTER	RNOON	EV IN	ENING OUT	HOUR
OFFICE OF HU EMPLOYEE N BIC Name of Personnel Office / College: For the month of :  DATE  Reason for Updatin Certified Services F HEREBY CERTIFY thany direct supervision a	DAY  DAY  g / Correction  Rendered:  at the services and the items services and the items services.	MOR IN	NING OUT  Employee	AFTER IN  's Signature	RNOON	EV IN	ENING OUT	
OFFICE OF HU EMPLOYEE N  BIC  Name of Personnel Office / College: For the month of :  DATE  Reason for Updatin  Certified Services F  I HEREBY CERTIFY the my direct supervision a checked against the log	DAY  DAY  g / Correction  Rendered:  at the services and the items services and the items services.	MOR IN	NING OUT  Employee rendered ur	AFTER IN  's Signature ader Apeen	RNOON	EV	ENING OUT	