



BIOMETRICS LOG UPDATING / CORRECTION REQUEST FORM

Name of Personnel: _____

Office / College: _____

For the month of : _____

DATE	DAY	MORNING		AFTERNOON		EVENING		TOTAL HOURS
		IN	OUT	IN	OUT	IN	OUT	

Reason for Updating / Correction: _____

Certified Services Rendered: _____
Employee's Signature
Date Submitted

I HEREBY CERTIFY that the services have been rendered under my direct supervision and the items specified above have been checked against the logbook.

Approved:

Immediate Supervisor / Head / Director / Dean

VPAA / VPA / VPRDE / OUP



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