

WESTERN VISAYAS MEDICAL CENTER

Q. Abeto St., Mandurriao, Iloilo City

REQUEST FOR TIME DISPUTE

| Date: | | | | | | | | | | | | |
|---|-----------------------------------|-------------------|------------|----------|--------|--------------|------|--|--|--|--|--|
| Fill up only | y the time(s) | that you | want t | o be cor | rected | l | | | | | | |
| | | | | | | | | | | | | |
| DATE OF TI | ME DISPUTE | | | | | | | | | | | |
| Time to be o | corrected: | | | | | | | | | | | |
| (Pls. Check) | TIME | PM (Pls. Check | | TIME | | HT Check) | TIME | | | | | |
| IN | | 1 | N | | | IN | | | | | | |
| OUT | | OI | UT | | | OUT | | | | | | |
| Reason(s) for time dispute: | | | | | | | | | | | | |
| Not yet registered to Biometric device / Lost RFID | | | | | | | | | | | | |
| Power interruption / Biometric out of order | | | | | | | | | | | | |
| Forgot to tap Biometric device / Forgot to bring RFID (Maximum of three (3) times in a month) | | | | | | | | | | | | |
| I was in a meeting or similar activity inside the hospital premises | | | | | | | | | | | | |
| Area of Assignment: | | | | | | | | | | | | |
| Requested By: Verified By: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| SIGNATURE | NAME | | Security G | | | , , | | | | | | |
| SIGNATURE OVER PRINTED NAME Approved By: | | | | | | | | | | | | |
| | • | | | | | | | | | | | |
| | ivision Head) E OVER PRINTED I | NAME | | | | | | | | | | |
| | e shall be made (One Persona | | | | | | | | | | | |
| | F(| OR IHOMP | P/HRIS I | N-CHARG | 9E | | | | | | | |
| Reference # | : | | | | | | | | | | | |
| REQUEST UNDERTAKEN BY: DATE: DATE: | | | | | | | | | | | | |
| | | | | | | | | | | | | |



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REQUEST FOR TIME DISPUTE

| DATE OF TII | ME DISPUTE | | | | | | |
|--------------------|----------------------------------|--------------------|----------|--------------------------|-----------------------|---------|---------|
| Time to be c | orrected: | | | | | | |
| AM (Pls. Check) | TIME | PM (Pls. Check) | | TIME | NIGHT (Pls. Check) | | TIM |
| IN | | | IN | | | IN | |
| OUT | | | OUT | | | OUT | |
| Reason(s) | for time dispu | ite: | | | | | |
| | et registered t | | tric de | vice / Lost R | FID | | |
| Powe | er interruption | / Biomet | ric out | of order | | | |
| | ot to tap Biome | | | orgot to bring | RFID | | |
| I was | s in a meeting | or simila | ır activ | ity inside the | hospita | al prem | nises |
| Area of Assi | gnment: | | | | | | |
| Requested E | | | ١ | /erified By: | | | |
| | | | | | | | |
| SIGNATURE | OVER PRINTED N | AME | | (Security Go SIGNATU | | | |
| Approved By | <i>/</i> : | | | | | | |
| | | | | | | | |
| (Di | vision Head) | | | | | | |
| SIGNATURE | OVER PRINTED N | AME | | | | | |
| | | on the s | ame d | | | | |
| NOTE: Disput | e shall be made (One Personal | | | HOMP/HRIS | ın-Cnar | ge Cop | у). |
| NOTE: Disput | (One Personal | Copy an | d one i | HOMP/HRIS IS IN-CHARC | | ge Cop | y). |
| NOTE: Disput | (One Personal | Copy an | d one i | | | ge Cop | y). |