OVCA FORM 144: SPECIAL DAILY TIME RECORD

Name : _____ Rank: _____
College/Department: _____ Pay Period: _____
Semester/Term: _____ School Year: _____

DATE	AM			PM		
	FROM	TO	NO. OF HOURS	FROM	TO	NO. OF HOURS

TOTAL NUMBER OF HOURS: _____

I hereby certify that the above record is true and correct.

_____
Printed Name and Signature of Faculty In-charge

Endorsed: Recommended: Approved:

_____ _____ _____
Chair Program Director Dean/Director

cc: Finance and Controllership Dept., Payroll Unit, AQM, File

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