DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. 1

GIP RO1 Standard DTR Form
Rev 1 - 26 January 2023

GOVERNMENT INTERNSHIP PROGRAM

NAME **CHRISTINE ERICKA P. MARCOS** **For the Period** _____

PARTNER AGENCY **LGU - BACARRA** **LBP Account Number: 0266 - 4905 - 50**

OFFICE OF ASSIGNMENT **MAYOR'S OFFICE**

DAILY TIME RECORD (DTR

DAYS	MORNING		AFTERNOON		Daily
	IN	OUT	IN	OUT	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

GIP ACCOMPLISHMENT REPORT
(Please attach additional sheet, if necessary)

CERTIFICATION FOR WORK RENDERED ON WEEKENDS/HOLIDAYS

This is to certify that the intern is authorized and required to report to work on:

Date/s: _____

Purpose:

I hereby certify that the above records are true & correct

Prepared By:

CHRISTINE ERICKA P. MARCOS
PRINTED NAME AND SIGNATURE OF INTERN

Certified by:

ARNYZA JASMIN CAMACHO - MILARPES
PRINTED NAME AND SIGNATURE OF SUPERVISOR

To be filled-up by FO

Total No. of Working Days: _____
No. of Absences: _____
Tardiness: _____
Undertime: _____

TOTAL DAYS WORKED

Checked by:

_____