



WESTERN VISAYAS MEDICAL CENTER

Q. Abeto St., Mandurriao, Iloilo City

REQUEST FOR TIME DISPUTE

Date: _____

Fill up only the time(s) that you want to be corrected

DATE OF TIME DISPUTE _____

Time to be corrected:

AM <small>(Pls. Check)</small>		TIME	PM <small>(Pls. Check)</small>		TIME	NIGHT <small>(Pls. Check)</small>		TIME
<input type="checkbox"/>	IN		<input type="checkbox"/>	IN		<input type="checkbox"/>	IN	
<input type="checkbox"/>	OUT		<input type="checkbox"/>	OUT		<input type="checkbox"/>	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 OVER PRINTED NAME

(Security Guard/Immediate Supervisor)
SIGNATURE OVER PRINTED NAME

Approved By: _____

(Division Head)
SIGNATURE OVER PRINTED NAME

NOTE: Dispute shall be made on the same day it is incurred. Accomplished in duplicate copies (One Personal Copy and one IHOMP/HRIS In-Charge Copy).

-- FOR IHOMP/HRIS IN-CHARGE --

Reference #: _____

REQUEST UNDERTAKEN BY: _____ DATE: _____
SIGNATURE OVER PRINTED NAME



WESTERN VISAYAS MEDICAL CENTER

Q. Abeto St., Mandurriao, Iloilo City

REQUEST FOR TIME DISPUTE

Date: _____

Fill up only the time(s) that you want to be corrected

DATE OF TIME DISPUTE _____

Time to be corrected:

AM <small>(Pls. Check)</small>		TIME	PM <small>(Pls. Check)</small>		TIME	NIGHT <small>(Pls. Check)</small>		TIME
<input type="checkbox"/>	IN		<input type="checkbox"/>	IN		<input type="checkbox"/>	IN	
<input type="checkbox"/>	OUT		<input type="checkbox"/>	OUT		<input type="checkbox"/>	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 OVER PRINTED NAME

(Security Guard/Immediate Supervisor)
SIGNATURE OVER PRINTED NAME

Approved By: _____

(Division Head)
SIGNATURE OVER PRINTED NAME

NOTE: Dispute shall be made on the same day it is incurred. Accomplished in duplicate copies (One Personal Copy and one IHOMP/HRIS In-Charge Copy).

-- FOR IHOMP/HRIS IN-CHARGE --

Reference #: _____

REQUEST UNDERTAKEN BY: _____ DATE: _____
SIGNATURE OVER PRINTED NAME