

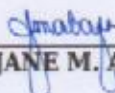
DAILY TIME RECORD**ABAPO, JANE M.**

(NAME)

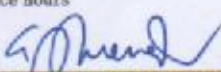
For the month of
February 1 - 28, 2023Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-WED	7:00	12:03	12:43	4:33		8hrs
2-THU	6:59	12:25	12:43	4:30		8hrs
3-FRI						FL
4-SAT						Off
5-SUN						Off
6-MON	6:56	12:22	12:57	5:28		8hrs
7-TUE	7:00	12:45	1:00	5:28		8hrs
8-WED	6:58	12:31	12:47	4:17		8hrs
9-THU	7:00	12:16	12:42	5:47		8hrs
10-FRI	7:00	12:32	12:45	5:13		8hrs
11-SAT						Off
12-SUN						Off
13-MON						SPL
14-TUE	6:59	12:11	1:00	5:39		8hrs
15-WED	7:00	12:39	12:52	4:38		8hrs
16-THU	7:00	12:13	12:53	5:46		8hrs
17-FRI	7:00	12:03	12:52	6:01		8hrs
18-SAT						Off
19-SUN						Off
20-MON	6:50	12:05	12:50	5:32		8hrs
21-TUE	6:59	12:01	12:54	5:14		8hrs
22-WED			12:33	5:11		4hrs (FL half day)
23-THU	6:52	12:41	12:43	5:46		8hrs
24-FRI	7:00	12:34	12:35	5:18		8hrs
25-SAT						Off
26-SUN						Off
27-MON	6:55	12:10	12:51	6:08		8hrs
28-TUE	6:47	12:08	12:35	5:06		8hrs

I CERTIFY on my honor that the above is true and correct report of the hours of work performed record of which was made daily at the time of arrival at and departure from office.


JANE M. ABAPO

VERIFIED as to prescribed office hours



ELIZABETH S. QUEVEDO
 Department Head
 Department of Pure and Applied Chemistry
DAILY TIME RECORD**ABAPO, JANE M.**

(NAME)

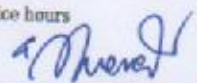
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ELIZABETH S. QUEVEDO
 Department Head
 Department of Pure and Applied Chemistry



Republic of the Philippines
VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
DOPAC	Abapo	Jane	Maderazo												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
02/01/2023	Laboratory Technician II														
6. DETAILS OF APPLICATION															
6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input checked="" type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/> Maternity - additional 15 days for single mother <input type="checkbox"/> Monetization <input type="checkbox"/> Parental (Solo Parent) <input type="checkbox"/> Paternity <input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sabbatical <input type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privilege <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Vacation Others: _____		6.b DETAILS OF LEAVE: In case of vacation/Special Privilege leave: <input type="checkbox"/> Within the Philippines : <input type="checkbox"/> Abroad (Pls. Specify) : In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input type="checkbox"/> Out Patient (Pls. Specify) : In case of Special Leave Benefits for Women: (Specify Illness) In case of Study leave: <input type="checkbox"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR <div style="text-align: center;">1 day Inclusive Dates 02/03/2023 - 02/03/2023</div>		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <div style="text-align: center;"> ABAPO, JANE M. (Signature of Applicant) </div>													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>February 2023</u> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:40%;"></td> <td style="width:30%;">Vacation Leave</td> <td style="width:30%;">Sick Leave</td> </tr> <tr> <td>Total Earned</td> <td>17.497</td> <td>107.792</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>16.497</td> <td>107.792</td> </tr> </table> <div style="text-align: center;"> REGINA C. BIBERA Office of the Head of Payroll and Leave Benefits </div>			Vacation Leave	Sick Leave	Total Earned	17.497	107.792	Less this Application			Balance	16.497	107.792	7.b RECOMMENDATION: <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: <div style="text-align: center;"> ELIZABETH S. QUEVEDO Department of Pure and Applied Chemistry </div>	
	Vacation Leave	Sick Leave													
Total Earned	17.497	107.792													
Less this Application															
Balance	16.497	107.792													
7.c APPROVED FOR: ___ day(s) with pay ___ day(s) without pay Others (Specify): _____		7.d DISAPPROVED due to: <div style="text-align: center;"> EDGARDO E. TULIN (Printed Name and Signature) University President </div>													



Republic of the Philippines

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
DOPAC	Abapo	Jane	Maderazo
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
02/01/2023	Laboratory Technician II		

6. DETAILS OF APPLICATION

<p>6.a TYPE OF LEAVE TO BE AVAILED OF:</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Mandatory/Force</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver</p> <p><input type="checkbox"/> Maternity - additional 15 days for single mother</p> <p><input type="checkbox"/> Monetization</p> <p><input type="checkbox"/> Parental (Solo Parent)</p> <p><input type="checkbox"/> Paternity</p> <p><input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sabbatical</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Special Emergency (Calamity)</p> <p><input type="checkbox"/> Special Leave Benefits for women</p> <p><input checked="" type="checkbox"/> Special Leave Privilege</p> <p><input type="checkbox"/> Study</p> <p><input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input type="checkbox"/> Vacation</p> <p>Others: _____</p>	<p>6.b DETAILS OF LEAVE:</p> <p>In case of vacation/Special Privilege leave:</p> <p><input checked="" type="checkbox"/> Within the Philippines : <u>Baybay City</u></p> <p><input type="checkbox"/> Abroad (Pls. Specify) :</p> <p>In case of Sick leave:</p> <p><input type="checkbox"/> In Hospital (Pls. Specify) :</p> <p><input type="checkbox"/> Out Patient (Pls. Specify) :</p> <p>In case of Special Leave Benefits for Women:</p> <p>(Specify Illness)</p> <p>In case of Study leave:</p> <p><input type="checkbox"/> BAR/Board Examination Review</p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> Completion of Doctorate Degree</p> <p><input type="checkbox"/> Completion of PHD Degree</p> <p>Other purpose:</p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>
<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p><u>1 day</u></p> <p>Inclusive Dates</p> <p><u>02/13/2023 - 02/13/2023</u></p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p><u>ABAPO, JANE M.</u></p> <p>(Signature of Applicant)</p>

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<p>7.c APPROVED FOR:</p> <p><u> </u> day(s) with pay <u> </u> day(s) without pay</p> <p>Others (Specify):</p>	<p>7.d DISAPPROVED due to:</p>												

EDGARDO E. TULIN

(Printed Name and Signature)

University President



Republic of the Philippines

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
DOPAC	Abapo	Jane	Maderazo
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
03/01/2023	Laboratory Technician II		

6. DETAILS OF APPLICATION

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<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p><u>0.5 days</u></p> <p>Inclusive Dates</p> <p><u>02/22/2023 - 02/22/2023</u></p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p><u>ABAPO, JANE M.</u></p> <p>(Signature of Applicant)</p>

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