

DAILY TIME RECORD
FERNANDEZ, RHEA ANGELIE M.
 (NAME)

For the month of
October 1 - 31, 2022
 Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SAT						Off
2-SUN						Off
3-MON	7:57	12:04	12:36	5:03		8hrs
4-TUE	7:38	12:01	12:02	5:01		8hrs
5-WED	8:00	12:01	12:02	5:02		8hrs
6-THU	7:58	12:02	12:10	5:03		8hrs
7-FRI	7:52	12:01	12:16	5:04		8hrs
8-SAT						Off
9-SUN						Off
10-MON	7:44	12:05	12:11	5:02		8hrs
11-TUE	7:55	12:02	12:04	5:01		8hrs
12-WED	7:58	12:03	12:24	5:19		8hrs
13-THU	7:59	12:01	12:16	5:03		8hrs
14-FRI	8:04	12:58	12:59	5:01	4mins	7hrs 56mins
15-SAT						Off
16-SUN						Off
17-MON	7:56	12:08	12:20	5:01		8hrs
18-TUE	7:58	12:00	12:03	5:17		8hrs
19-WED	7:52	12:04	12:17	5:37		8hrs
20-THU						Holiday
21-FRI	7:58	12:03	12:37	5:03		8hrs
22-SAT						Off
23-SUN						Off
24-MON	8:01	12:02	12:04	5:02	1min	7hrs 59mins
25-TUE	LEAVE		12:58	5:04	4hrs	4hrs
26-WED						SL
27-THU	8:00	12:00	12:02	5:02		8hrs
28-FRI	8:10	12:07	1:00	5:00	10mins	7hrs 50mins SUSPENDED 1:00 pm 5:00 pm
29-SAT						Off
30-SUN						Off
31-MON						Holiday

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.

RHEA ANGELIE M. FERNANDEZ

VERIFIED as to prescribed office hours

LILIAN B. NUÑEZ

Department Head
 Institute for Strategic Research & Development Studies

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RHEA ANGELIE M. FERNANDEZ

VERIFIED as to prescribed office hours

LILIAN B. NUÑEZ

Department Head
 Institute for Strategic Research & Development Studies



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)
ISRDS	Fernandez	Rhea Angelie	Modina
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
10/27/2022	Administrative Aide III		

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"/> Educational Tour (Local) (UADCO Resolution No. 7, s. 2008 and OP Memo Circular No. 18, 2009)</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 checked="" type="checkbox"/> Sick</p> <p><input type="checkbox"/> Special Emergency (Calamity)</p> <p><input type="checkbox"/> Special Leave Benefits for women</p> <p><input 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 type="checkbox"/> Within the Philippines :</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 checked="" type="checkbox"/> Out Patient (Pls. Specify) : <u>Home</u></p> <p>In case of Special Leave Benefits for Women: (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>
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<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p><u>1 day</u></p> <p>Inclusive Dates</p> <p><u>10/26/2022 - 10/26/2022</u></p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p><u>FERNANDEZ, RHEA ANGELIE M.</u></p> <p>(Signature of Applicant)</p>
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7. DETAILS OF ACTION ON APPLICATION

<p>7.a CERTIFICATION OF LEAVE CREDITS</p> <p>AS OF: <u>October 2022</u></p> <table border="1"> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> <tr> <td>Total Earned</td> <td></td> <td></td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </table> <p>REGINA C. BIBERA</p> <p>Office of the Head of Payroll and Leave Benefits</p>		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			<p>7.b RECOMMENDATION:</p> <p><input type="checkbox"/> For Approval</p> <p><input type="checkbox"/> For Disapproval due to:</p> <p><u>LILIAN B. NUÑEZ</u></p> <p>Institute for Strategic Research & Development Studies</p>
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
<p>7.c APPROVED FOR:</p> <p>___ day(s) with pay ___ 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