

**DAILY TIME RECORD****CAGANDE, LOREME S.**  
(NAME)For the month of  
**August 1 - 31, 2022**Official hours for arrival and departure  
**8:00AM - 5:00PM**

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-MON	6:59	12:23	12:47	5:09		8hrs
2-TUE	6:56	12:01	12:44	5:13		8hrs
3-WED	6:59	12:05	12:39	5:03		8hrs
4-THU	7:07	12:03	12:39	5:11		8hrs
5-FRI	7:42	12:02	12:38	5:17		8hrs
6-SAT						Off
7-SUN						Off
8-MON	7:57	12:06	12:55	5:51		8hrs
9-TUE	7:58	12:02	12:50	7:45		8hrs
10-WED	7:58	12:03	12:46	5:54		8hrs
11-THU	7:57	12:13	12:32	9:12		8hrs
12-FRI	8:00	12:04	12:49	8:10		8hrs
13-SAT						Off
14-SUN						Off
15-MON	8:00	12:01	12:48	5:06		8hrs
16-TUE	7:59	12:06	12:21	5:15		8hrs
17-WED	8:00	12:04	12:42	5:01		8hrs
18-THU	7:50	12:02	12:41	6:07		8hrs
19-FRI	7:50	12:05	12:46	5:04		8hrs
20-SAT						Off
21-SUN						Off
22-MON	7:47	12:01	12:58	5:09		8hrs
23-TUE	7:57	12:00	12:46	5:07		8hrs
24-WED	7:51	12:04	12:44	5:05		8hrs
25-THU	7:56	12:09	12:53	5:04		8hrs
26-FRI	7:56	12:00	12:49	5:07		8hrs
27-SAT						Off
28-SUN						Off
29-MON						Holiday
30-TUE	7:51	12:01	12:46	5:09		8hrs
31-WED						FL

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.

L. S. Cagande  
**LOREME S. CAGANDE**

VERIFIED as to prescribed office hours

Ruth O. Escasinas  
**RUTH O. ESCASINAS**  
Department Head  
Department of Agronomy





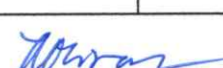
Republic of the Philippines

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

Stamp of Date of Receipt

**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
DA	Cagande	Loreme	Silmaro												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
08/30/2022	Instructor I														
<b>6. DETAILS OF APPLICATION</b>															
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"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review  Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR 1 day Inclusive Dates 08/31/2022 - 08/31/2022		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested   <b>CAGANDE LOREME S.</b> (Signature of Applicant)													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.a CERTIFICATION OF LEAVE CREDITS AS of: August 2022 <table border="1"> <tr> <td></td> <td>Vacation Leave</td> <td>Sick Leave</td> </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> <b>REGINA C. BIBERA</b> Office of the Head of Payroll and Leave Benefits			Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			7.b RECOMMENDATION:  <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:   <b>RUTH O. ESCASINAS</b> Department of Agronomy	
	Vacation Leave	Sick Leave													
Total Earned															
Less this Application															
Balance															
7.c APPROVED FOR: ____ day(s) with pay    ____ day(s) without pay Others (Specify):		7.d DISAPPROVED due to:													
 <b>EDGARDO E. TULIN</b> (Printed Name and Signature) University President															