


**DAILY TIME RECORD****ASIO, LUZ G.**

(NAME)


For the month of  
**November 1 - 30, 2022**  
 Official hours for arrival and departure  
**8:00AM - 5:00PM**

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-TUE						Holiday
2-WED						SL
3-THU						SL
4-FRI						SL
5-SAT						Off
6-SUN						Off
7-MON	6:54	12:53	12:53	5:09		8hrs
8-TUE	6:37	12:06	12:06	5:52		8hrs
9-WED						OB
10-THU	7:30	11:52	12:11	5:31	8mins	4hrs 22mins
11-FRI						OB
12-SAT						Off
13-SUN						Off
14-MON	7:01	11:54	12:10	5:37	10mins	50mins
15-TUE	7:46	12:03	12:10	5:22		4hrs 30mins
16-WED	7:39	12:11	12:51	4:37		4hrs
17-THU						SPL
18-FRI						(SL half day) SUSPENDED 1:00 pm 7:00 pm
19-SAT						Off
20-SUN						Off
21-MON	7:38	12:17	12:20	5:30	3mins	57mins
22-TUE	6:52	12:01	12:10	5:38		4hrs 30mins
23-WED	7:01	12:02	12:06	5:18		4hrs
24-THU	7:15	12:09	12:10	5:08		4hrs 30mins
25-FRI	7:21	12:04	12:32	5:48	28mins	1hr 32mins
26-SAT						Off
27-SUN						Off
28-MON	7:50	12:00	12:30	5:44	30mins	30mins
29-TUE	7:22	12:06	12:56	5:50		4hrs 30mins
30-WED						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.

  
**LUZ G. ASIO**

VERIFIED as to prescribed office hours

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

Date Generated: Dec/05/2022 09:32:52

Philippines

UNIVERSITY

City, Leyte

Stamp of Date of Receipt

**FOR LEAVE**

(First)	(Middle)
<b>Luz</b>	<b>Geneston</b>
	5. SALARY (Monthly)
Professor II	

**APPLICATION****6.b DETAILS OF LEAVE:**

In case of vacation/Special Privilege leave:

- ☐ Within the Philippines :  
☐ Abroad (Pls. Specify) :

In case of Sick leave:

- ☐ In Hospital (Pls. Specify) :  
☒ Out Patient (Pls. Specify) : **at home**

In case of Special Leave Benefits for Women:  
 (Specify Illness)

In case of Study leave:

- ☐ BAR/Board Examination Review  
☐ Completion of Master's Degree  
☐ Completion of Doctorate Degree  
☐ Completion of PHD Degree

Other purpose:

- ☐ Monetization of Leave Credits  
☐ Terminal Leave

**6.d COMMUTATION**


- ☒ Requested ☐ Not Requested

  
**ASIO, LUZ G.**

(Signature of Applicant)

**ON APPLICATION****7.b RECOMMENDATION:**

- ☒ For Approval  
☐ For Disapproval due to:

  
**RUTH O. ESCASINAS**  
 Department of Agronomy

**7.d DISAPPROVED due to:**

**TULIN**

(Signature)  
 Resident



**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
DA	Asio	Luz	Geneston												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
11/28/2022	Assistant Professor II														
<b>6. DETAILS OF APPLICATION</b>															
6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input 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 checked="" 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 checked="" type="checkbox"/> Out Patient (Pls. Specify) : <u>at home</u>  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  3 days Inclusive Dates  11/02/2022 - 11/04/2022		6.d COMMUTATION  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <u>ASIO LUZ G.</u> (Signature of Applicant)													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>November 2022</u> <table border="1"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td>Total Earned</td><td></td><td></td></tr><tr><td>Less this Application</td><td></td><td>3</td></tr><tr><td>Balance</td><td></td><td></td></tr></tbody></table> <b>REGINA C. BIBERA</b> Office of the Head of Payroll and Leave Benefits			Vacation Leave	Sick Leave	Total Earned			Less this Application		3	Balance			7.b RECOMMENDATION:  <input checked="" type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:  <u>RUTH O. ESCASINAS</u> Department of Agronomy	
	Vacation Leave	Sick Leave													
Total Earned															
Less this Application		3													
Balance															
7.c APPROVED FOR: ____ day(s) with pay <u>3</u> day(s) without pay Others (Specify):		7.d DISAPPROVED due to:													
 <b>EDGARDO E. TULIN</b> (Printed Name and Signature) University President															





**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
DA	Asio	Luz	Geneston
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
12/01/2022	Assistant Professor II		

**6. DETAILS OF APPLICATION**

**6.a TYPE OF LEAVE TO BE AVAILED OF:**

- ☐ Adoption  
☐ Mandatory/Force  
☐ Maternity  
☐ Maternity - 7 days Transferable to father/alternate caregiver  
☐ Maternity - additional 15 days for single mother  
☐ Monetization  
☐ Parental (Solo Parent)  
☐ Paternity  
☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)  
☐ Sabbatical  
☐ Sick  
☐ Special Emergency (Calamity)  
☐ Special Leave Benefits for women  
☒ Special Leave Privilege  
☐ Study  
☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)  
☐ Vacation

Others: \_\_\_\_\_

**6.b DETAILS OF LEAVE:**

In case of vacation/Special Privilege leave:  
☒ Within the Philippines : Palo Leyte  
☐ Abroad (Pls. Specify) :

In case of Sick leave:  
☐ In Hospital (Pls. Specify) :  
☐ Out Patient (Pls. Specify) :

In case of Special Leave Benefits for Women:  
(Specify Illness)

In case of Study leave:  
☐ BAR/Board Examination Review  
☐ Completion of Master's Degree  
☐ Completion of Doctorate Degree  
☐ Completion of PHD Degree

Other purpose:  
☐ Monetization of Leave Credits  
☐ Terminal Leave

**6.c NUMBER OF WORKING DAYS APPLIED FOR**

1 day  
Inclusive Dates  
11/17/2022 - 11/17/2022

**6.d COMMUTATION**

☒ Requested ☐ Not Requested

ASIO, LUZ G.

(Signature of Applicant)

**7. DETAILS OF ACTION ON APPLICATION**

**7.a CERTIFICATION OF LEAVE CREDITS**

AS of: December 2022

	Vacation Leave	Sick Leave
Total Earned		
Less this Application		
Balance		

**REGINA C. BIBERA**

Office of the Head of Payroll and Leave Benefits

**7.b RECOMMENDATION:**

- ☐ For Approval  
☐ For Disapproval due to:

RUTH O. ESCASINAS

Department of Agronomy

**7.c APPROVED FOR:**

\_\_\_\_ day(s) with pay \_\_\_\_ day(s) without pay  
Others (Specify):

**7.d DISAPPROVED due to:**

**EDGARDO E. TULIN**

(Printed Name and Signature)  
University President