


DAILY TIME RECORD**ALCOBER, ED ALLAN I.**
(NAME)For the month of
August 1 - 31, 2023
Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-TUE	7:52	12:03	12:46	5:09		8hrs
2-WED						FL
3-THU	7:58	12:03	12:41	5:01		8hrs
4-FRI	7:57	12:00	12:58	5:11		8hrs
5-SAT						Off
6-SUN						Off
7-MON	7:09	12:04	12:53	5:31		8hrs
8-TUE	7:58	12:10	1:10	5:16	10mins	7hrs 50mins
9-WED	8:10	12:00	12:50	5:08	10mins	7hrs 50mins
10-THU						OB
11-FRI						OB
12-SAT						Off
13-SUN						Off
14-MON	7:57	12:02	12:57	5:23		8hrs
15-TUE	7:46	12:00	12:55	5:12		8hrs
16-WED	8:03	12:00	12:56	5:17	3mins	7hrs 57mins
17-THU	7:50	12:02	12:54	5:13		8hrs
18-FRI	7:56	12:08	12:57	5:01		8hrs
19-SAT						Off
20-SUN						Off
21-MON						Holiday
22-TUE	7:37	12:00	12:40	5:05		8hrs
23-WED	7:39	12:00	12:57	5:02		8hrs
24-THU	7:41	12:07	12:49	5:06		8hrs
25-FRI	8:02	12:01	12:56	5:00	2mins	7hrs 58mins
26-SAT						Off
27-SUN						Off
28-MON						Holiday
29-TUE	7:47	12:04	12:52	5:17		8hrs
30-WED	7:57	12:00	12:55	5:29		8hrs
31-THU	7:05	12:01	12:42	5:16		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.

ED ALLAN I. ALCOVER

VERIFIED as to prescribed office hours



DIONESIO M. BAÑOC
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	Alcober		Ed Allan	Llano
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)	
08/01/2023	Associate Professor IV			

6. DETAILS OF APPLICATION

6.a TYPE OF LEAVE TO BE AVAILED OF:	6.b DETAILS OF LEAVE:
<input type="checkbox"/> Adoption <input checked="" type="checkbox"/> Mandatory/Force <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: _____	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	6.d COMMUTATION
1 day Inclusive Dates 08/02/2023 - 08/02/2023	<input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested ALCOBER, ED ALLAN I. (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.a CERTIFICATION OF LEAVE CREDITS AS of: August 2023	7.b RECOMMENDATION:									
<table border="1"> <tr> <td>Total Earned</td> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </table>	Total Earned	Vacation Leave	Sick Leave	Less this Application			Balance			<input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: DIONESIO M. BAÑOC Department of Agronomy
Total Earned	Vacation Leave	Sick Leave								
Less this Application										
Balance										

FLORANTE G. DIMAL

Office of the Head of Payroll and Leave Benefits

7.c APPROVED FOR: day(s) with pay day(s) without pay Others (Specify):	7.d DISAPPROVED due to:
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EDGARDO E. TULIN
(Printed Name and Signature)
University President




VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte
6521 Philippines

TRAVEL REQUEST / ORDER


Date: August 09, 2023

Name : **ED ALLAN L. ALCOVER** 
Designation : **Assoc. Prof. IV** Signature
Destination : **Poblacion, Albura, Leyte**
Date of Travel : **August 10-11, 2023**
Purpose : **To conduct lecture on the topic: Minimum Tillage and the Use of Machines in Irrigated Lowland Rice**
Total Expenses :
Source of Fund: **(Official Business only)**
Transportation: ☐ University Vehicle ☐ Public Conveyance

Noted/Verified:


DIONESIO M. BAÑOC
Immediate Supervisor/Office Head


RECOMMENDING APPROVAL:


VICTOR B. ASIO
College Dean

In-Charge of Funds (if other than Office Head)

N/A
MARIA JULIET C. CENIZA **BEATRIZ S. BELONIAS**
VP Research, Ext'n & Innov *VP for Academic Affairs*

APPROVED:


EDGARDO E. TULIN
University President

CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):

- ☐ Medical Clearance from the VSU Infirmary that the employee has no symptoms of COVID 19
- ☐ Invitation from the organizer of the activity/conference/meeting (if applicable)
- ☐ Certification from the organizer that social distancing and other health/hygiene protocols against COVID 19 (if applicable)
- ☐ Quarantine passes issued by the destination LGU and if possible, together with passes from LGUs enroute to the destination
- ☐ Strong justification from the requesting party duly endorsed by the immediate supervisor on the necessity and urgency of the trip and commitment of the requesting party to religiously comply with health/hygiene protocols during the trip
- ☐ Waiver from the employee concerned that he/she is willing to undergo self quarantine for 14 days, while he/she will be on work from home scheme
- ☐ Approved list of outputs between supervisor and employee to be delivered/accomplished during his/her 14 days work from home scheme
- ☐ Clearance issued by the Nurse on duty 30 minutes prior to travel should be submitted to the guard on duty before allowing vehicle to go out of campus

Certified Correct:


ED ALLAN L. ALCOVER
Name of Travelling Employee

Noted/Verified except Clearance from Nurse:


DIONESIO M. BAÑOC
Name of Office Head/Supervisor