

DAILY TIME RECORD **GISULGA, SALOMA B.** (NAME)

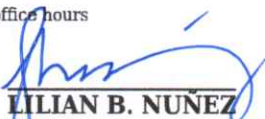
For the month of
June 1 - 30, 2024
Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SAT						Off
2-SUN						Off
3-MON	7:33	12:43	12:45	5:07		8hrs
4-TUE	7:29	12:13	12:18	5:00		8hrs
5-WED	7:32	12:08	12:16	5:01		8hrs
6-THU	7:30	12:07	12:10	5:01		8hrs
7-FRI	7:30	12:25	12:26	5:00		8hrs
8-SAT						Off
9-SUN						Off
10-MON	7:31	12:00	12:01	5:04		8hrs
11-TUE						OB
12-WED						Holiday
13-THU						OB
14-FRI	7:45	12:10	12:12	5:00		8hrs
15-SAT						Off
16-SUN						Off
17-MON						Holiday
18-TUE						SL
19-WED	7:42	12:03	12:07	5:03		8hrs
20-THU	7:45	12:01	12:02	5:00		8hrs
21-FRI	7:52	12:20	12:22	5:02		8hrs
22-SAT						Off
23-SUN						Off
24-MON	7:46	12:05	12:07	5:03		8hrs
25-TUE	7:34	12:12	12:22	5:00		8hrs
26-WED	7:42	12:18	12:19	5:00		8hrs
27-THU	7:40	12:02	12:03	5:00		8hrs
28-FRI						OB
29-SAT						Off
30-SUN						Off

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.


SALOMA B. GISULGA

VERIFIED as to prescribed office hours


LILIAN B. NUNEZ
Department Head
Barangay Integrated Development Approach for Nutrition Improvement

DAILY TIME RECORD **GISULGA, SALOMA B.** (NAME)

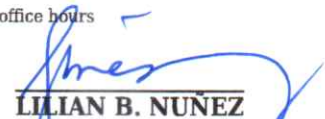
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LILIAN B. NUNEZ
Department Head
Barangay Integrated Development Approach for Nutrition Improvement

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER6/7/2024
Date

Name : Saloma B. Gisulga *Signature*
 Designation : Science Research Specialist
 Destination : Baybay City
 Date of Travel : June 11, 2024
 Purpose : To provide technical backstopping during CNC meeting and monitor BMIS implementation.

Total Expenses: _____
 Source of Funds: _____
 Transportation: [] University Vehicle
 [x] Public Conveyance

Noted/Verified: *Signature*
LILIAN B. NUÑEZ
 Immediate Supervisor

RECOMMENDING APPROVAL: *Signature*
LILIAN B. NUÑEZ
 Dept. Head/Director

 In-charge of funds (If other than the Dept/Office Head)

 VP for Res, Extn. & Innovation

APPROVED:

Signature
PROSE IVY G. YEPES
 President

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

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

- ☐ Medical Clearance from the VSU Infirmary that the employee have 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 will be observed for the duration of the activity (if applicable)
- ☐ Quarantine passes issued by the destination LGU 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:

MELODINA P. EDULLANTES
 Travelling Employee

Noted/verified except Clearance from Nurse :

Signature
LILIAN B. NUÑEZ
 Name of Office Head/Supervisor



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

6/10/2024

Date

Name : **Saloma B. Gisulga** *[Signature]*
Designation : **Sci. Res. Spe.** *[Signature]*
Destination : **Hilongos, Leyte**
Date of Travel : **June 13, 2024**
Purpose : **Attend MTAC meeting at Hilongos, Leyte.**

Total Expenses: _____
Source of Funds : **BIDANI**
Transportation: [] University Vehicle
[x] Public Conveyance

Noted/Verified: *[Signature]*
LILIAN B. NUÑEZ
Immediate Supervisor

RECOMMENDING APPROVAL: *[Signature]*
LILIAN B. NUÑEZ
Office Head/Director

In-charge of funds (If other than the
Dept/Office Head)

VP for Res, Extn. & Innovation

APPROVED: *[Signature]*
PROSE IVY G. YEPES
President



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

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

- ☐ Medical Clearance from the VSU Infirmary that the employee have no symptoms of Covid 19
- ☐ Invitation from the organizer of the activity/conference/meeting (if applicable)
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- ☐ Quarantine passes issued by the destination LGU

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:

[Signature]
SALOMA B. GISULGA
Travelling Employee

Noted/verified except Clearance from Nurse :

[Signature]
LILIAN B. NUÑEZ
Name of Office Head/Supervisor



Republic of the Philippines


VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Stamp of Date of Receipt

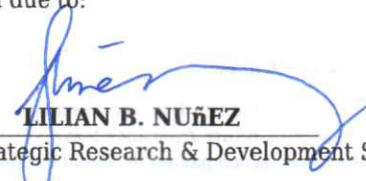
APPLICATION FOR LEAVE

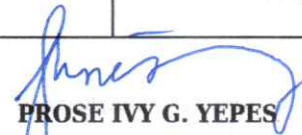
1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
BIDANI	Gisulga	Saloma	Binoya
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
06/19/2024	Science Research Specialist I		

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 - 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 Privileges</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>at 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>
<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p><u>1 day</u></p> <p>Inclusive Dates</p> <p><u>06/18/2024 - 06/18/2024</u></p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p></p> <p>GISULGA, SALOMA B.</p> <p>(Signature of Applicant)</p>

7. DETAILS OF ACTION ON APPLICATION

<p>7.a CERTIFICATION OF LEAVE CREDITS</p> <p>AS of: <u>June 2024</u></p> <table border="1"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td>13.498</td> <td>159.542</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>13.498</td> <td>158.542</td> </tr> </tbody> </table> <p>FLORANTE G. DIDAL</p> <p>Payroll and Leave Benefits Office</p>		Vacation Leave	Sick Leave	Total Earned	13.498	159.542	Less this Application			Balance	13.498	158.542	<p>7.b RECOMMENDATION:</p> <p><input type="checkbox"/> For Approval</p> <p><input type="checkbox"/> For Disapproval due to:</p> <p></p> <p>LILIAN B. NUÑEZ</p> <p>Institute for Strategic Research & Development Studies</p>
	Vacation Leave	Sick Leave											
Total Earned	13.498	159.542											
Less this Application													
Balance	13.498	158.542											

<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>
<p></p> <p>PROSE IVY G. YEPES</p> <p>(Printed Name and Signature)</p> <p>University President</p>	



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

6/21/2024
Date

Name : Saloma B. Gisulga *[Signature]*
Designation : Sci. Res. Spe. *[Signature]* Signature
Destination : VSU Alang-alang Campus
Date of Travel : June 28, 2024
Purpose : To provide technical assistance to BIDANI core team.

Total Expenses: _____
Source of Funds: BIDANI
Transportation: [] University Vehicle
[x] Public Conveyance

Noted/Verified: *[Signature]*
LILIAN B. NUÑEZ
Immediate Supervisor

RECOMMENDING APPROVAL: *[Signature]*
LILIAN B. NUÑEZ
Office Head/Director

In-charge of funds (If other than the
Dept/Office Head)

VP for Res, Extn. & Innovation

APPROVED:

[Signature]
PROSE IVY G. YEPES
President



VISAYAS STATE UNIVERSITY

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