

DAILY TIME RECORD**CAGANDE, LOREME S.**

(NAME)

For the month of

January 1 - 31, 2023

Official hours for arrival and departure

8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-SUN						Off
2-MON						Holiday
3-TUE						SL
4-WED						SL
5-THU						FL
6-FRI						FL
7-SAT						Off
8-SUN						Off
9-MON	7:51	10:51	11:06	5:14	6mins	7hrs 54mins
10-TUE	7:58	12:05	12:42	5:16		8hrs
11-WED	7:50	12:07	12:36	5:06		8hrs
12-THU	7:57	1:30	1:54	5:03		8hrs
13-FRI	7:56	1:20	1:43	5:01		8hrs
14-SAT						Off
15-SUN						Off
16-MON	7:55	10:03	10:53	5:09		8hrs
17-TUE	7:55	12:03	12:44	5:30		8hrs
18-WED	7:50	12:03	12:42	5:09		8hrs
19-THU	7:49	1:04	1:25	5:14		8hrs
20-FRI	8:03	1:11	1:23	5:16	3mins	7hrs 57mins
21-SAT						Off
22-SUN						Off
23-MON	7:54	11:23	11:25	5:16	2mins	7hrs 58mins
24-TUE	7:57	12:13	12:42	5:04		8hrs
25-WED	7:56	12:13	12:37	5:29		8hrs
26-THU	8:05	1:12	1:32	5:08		8hrs
27-FRI	7:51	1:08	1:21	5:04		8hrs
28-SAT						Off
29-SUN						Off
30-MON	7:52	10:14	10:40	5:08		8hrs
31-TUE	6:40	12:26	12:43	5:18		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.

L. L. 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)													
01/09/2023	Instructor I														
6. DETAILS OF APPLICATION															
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>Baybay, Leyte</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 <u>2 days</u> Inclusive Dates 01/03/2023 - 01/04/2023		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <u>L. Cagande</u> CAGANDE, LOREME S. (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>January 2023</u> <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> REGINA C. BIBERA 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: <u>Ruth O. Escasinas</u> RUTH O. ESCASINAS 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:													
<div style="text-align: center;"> EDGARDO E. TULIN (Printed Name and Signature) University President</div>															

DA-AFL-23-01





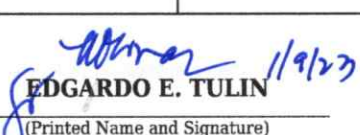
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VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

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DA AFL- 23-01