

Civil Service Form 48

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

(NAME)

For the month of
May 1 - 31, 2023Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-MON						Holiday
2-TUE	7:57	12:02	12:51	5:05		8hrs
3-WED	7:56	12:02	12:44	5:13		8hrs
4-THU	7:44	12:04	12:56	5:00		8hrs
5-FRI	7:41	12:07	12:48	5:03		8hrs
6-SAT						Off
7-SUN						Off
8-MON	7:46	12:00	12:58	5:13		8hrs
9-TUE	7:48	12:04	12:57	5:03		8hrs
10-WED	7:56	12:01	12:56	5:17		8hrs
11-THU	7:38	12:02	1:00	5:00		8hrs
12-FRI	8:00	12:00	1:00	5:00		8hrs
13-SAT						Off
14-SUN						Off
15-MON	7:49	12:00	12:07	5:07		8hrs
16-TUE	7:53	12:36	12:53	5:03		8hrs
17-WED	7:58	12:18	12:56	5:02		8hrs
18-THU	7:33	12:07	12:50	5:08		8hrs
19-FRI	7:56	12:02	12:52	5:11		8hrs
20-SAT						Off
21-SUN						Off
22-MON	7:53	12:11	12:52	5:02		8hrs
23-TUE	7:57	12:04	12:55	5:10		8hrs
24-WED	7:57	12:02	12:48	5:06		8hrs
25-THU	7:29	12:02	12:53	5:04		8hrs
26-FRI	7:44	12:15	12:45	5:14		8hrs
27-SAT						Off
28-SUN						Off
29-MON						CDO
30-TUE	7:54	12:06	12:51	5:09		8hrs
31-WED						SL

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.


LOREME S. CAGANDE

VERIFIED as to prescribed office hours


RUTH O. ESCASINAS

Department Head
Department of Agronomy

Date Generated: Jun/08/2023 04:47:31

Philippines

UNIVERSITY

City, Leyte

Stamp of Date of Receipt

FOR LEAVE

(First)	(Middle)
Loreme	Silmaro
5. SALARY (Monthly)	
for I	

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) : Baybay, Leyte

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


CAGANDE, LOREME S.
(Signature of Applicant)

NON APPLICATION**7.b RECOMMENDATION:**

- ☐ For Approval
☐ For Disapproval due to:


RUTH O. ESCASINAS
Department of Agronomy

7.d DISAPPROVED due to:


E. TULIN

(Signature)
President



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)													
06/05/2023	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 - 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>1 day</u> Inclusive Dates 05/31/2023 - 05/31/2023		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <u>L.P. Cagande</u> CAGANDE, LOREME S. (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: June 2023 <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></td></tr><tr><td>Balance</td><td></td><td></td></tr></tbody></table> HONEY SOFIA V. COLIS Human Resource Management Office			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>															





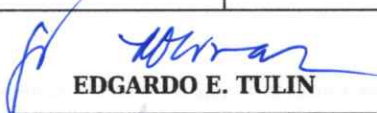
Republic of the Philippines

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

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