

DAILY TIME RECORD**BANDIBAS, YHENA L.**

(NAME)

For the month of
July 1 - 31, 2022Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-FRI						Absent
2-SAT						Off
3-SUN						Off
4-MON		12:10			8hrs	
5-TUE						Absent
6-WED						Absent
7-THU						Absent
8-FRI						Absent
9-SAT						Off
10-SUN						Off
11-MON						Absent
12-TUE						Absent
13-WED						Absent
14-THU						Absent
15-FRI						Absent
16-SAT						Off
17-SUN						Off
18-MON						Absent
19-TUE						Absent
20-WED						Absent
21-THU						Absent
22-FRI						Absent
23-SAT						Off
24-SUN						Off
25-MON						Absent
26-TUE						Absent
27-WED						Absent
28-THU						Absent
29-FRI						Absent
30-SAT						Off
31-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.

YHENA L. BANDIBAS

VERIFIED as to prescribed office hours

ELIZABETH S. QUEVEDO

Department Head
Department of Pure and Applied Chemistry

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YHENA L. BANDIBAS

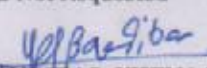
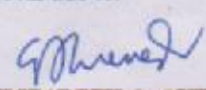
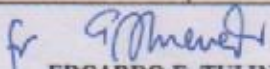
VERIFIED as to prescribed office hours

ELIZABETH S. QUEVEDO

Department Head
Department of Pure and Applied Chemistry



APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
DOPAC	Bandibas	Yhena	Lazona												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
07/04/2022	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. 209) <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) : At home In case of Special Leave Benefits for Women: (Specify illness) In case of Study leave: <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR 1 day Inclusive Dates 07/01/2022 - 07/01/2022		6.d COMMUTATION <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested  BANDIBAS, YHENA L. (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>July 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></td></tr><tr><td>Balance</td><td></td><td></td></tr></tbody></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:  ELIZABETH S. QUEVEDO Department of Pure and Applied Chemistry	
	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:													
 EDGARDO E. TULIN (Printed Name and Signature) University President															