

**DAILY TIME RECORD****RATILLA, BERTA C.**  
(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	7:48	12:07	12:42	5:23		8hrs
2-WED	7:57	12:08	1:03	5:32	3mins	7hrs 57mins
3-THU	7:52	12:03	12:08	5:15		8hrs
4-FRI	7:51	12:09	12:15	5:12		8hrs
5-SAT						Off
6-SUN						Off
7-MON	8:01	12:04	12:36	5:16	1min	7hrs 59mins
8-TUE	7:46	12:00	12:48	5:23		8hrs
9-WED	8:05	12:05	12:51	6:13	5mins	7hrs 55mins
10-THU						OB
11-FRI						OB
12-SAT						Off
13-SUN						Off
14-MON	7:49	12:10	12:51	5:53		8hrs
15-TUE	7:52	12:11	12:38	5:39		8hrs
16-WED	7:48	12:15	12:24	5:48		8hrs
17-THU	7:49	12:10	12:22	5:22		8hrs
18-FRI	7:56	12:18	12:51	5:06		8hrs
19-SAT						Off
20-SUN						Off
21-MON						Holiday
22-TUE	7:48	12:04	12:40	5:15		8hrs
23-WED	7:48	12:24	12:50	5:19		8hrs
24-THU	7:11	12:04	12:32	5:21		8hrs
25-FRI	7:55	12:02	12:34	5:16		8hrs
26-SAT						Off
27-SUN						Off
28-MON						Holiday
29-TUE	7:49	12:04	12:40	5:46		8hrs
30-WED	7:59	12:31	12:47	5:29		8hrs
31-THU	8:02	12:08	12:50	7:03	2mins	7hrs 58mins

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.

BERTA C. RATILLA

VERIFIED as to prescribed office hours

DIONESIO M. BAÑOCDepartment Head  
Department of Agronomy




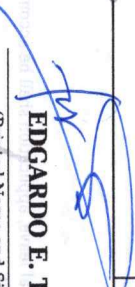
Republic of the Philippines

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
DA	Ratilla	Berta	Catingan												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
09/21/2023	Professor IV														
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 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: <u>CDO</u>															
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 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															
1 day Inclusive Dates 09/29/2023 - 09/29/2023															
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS															
AS of: September 2023															
<table><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>					Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance		
	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:  <div> DIONESIO M. BAÑOC Department of Agronomy</div>															
7.c APPROVED FOR:															
Payroll and Leave Benefits Office															
7.d DISAPPROVED due to:															
Others (Specify):  <div> EDGARDO E. TULIN (Printed Name and Signature) University President</div>															





VISAYAS STATE UNIVERSITY  
Visca, Baybay City, Leyte  
6521 Philippines

## TRAVEL REQUEST / ORDER

Date: August 09, 2023

Name : BERTA C. RATILLA  
Designation : PROF. IV  
Destination : Poblacion, Albura, Leyte  
Date of Travel : August 10-11, 2023  
Purpose : To conduct lecture on (Climate change and its impact rice production)  
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 JULET C. CENIZA  
VP Research, Ext'n & Innov  
BEATRIZ S. BELONIAS  
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:

BERTA C. RATILLA  
Name of Travelling Employee

Noted/Verified except Clearance from Nurse:

DIONESIO M. BAÑOC  
Name of Office Head/Supervisor