

DAILY TIME RECORD

ASIO, LUZ G.

(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						OB
2-WED						OB
3-THU	7:57	12:39	12:40	5:15		8hrs
4-FRI	7:58	12:20	12:21	5:21		8hrs
5-SAT						Off
6-SUN						Off
7-MON	7:42	12:12	12:13	5:21		8hrs
8-TUE	8:03	12:11	12:13	5:04	3mins	7hrs 57mins
9-WED	7:56	12:09	12:10	5:32		8hrs
10-THU	7:40	12:09	12:12	5:05		8hrs
11-FRI	7:17	12:07	12:15	5:01		8hrs
12-SAT						Off
13-SUN						Off
14-MON	7:54	12:01	12:03	5:23		8hrs
15-TUE	7:14	12:08	12:15	5:14		8hrs
16-WED	7:44	12:03	12:15	5:03		8hrs
17-THU	7:35	12:10	12:11	5:10		8hrs
18-FRI	7:59	12:15	12:16	5:04		8hrs
19-SAT						Off
20-SUN						Off
21-MON						Holiday
22-TUE	7:02	12:08	12:13	5:10		8hrs
23-WED	7:21	12:00	12:06	5:19		8hrs
24-THU	7:23	12:04	12:09	5:48		8hrs
25-FRI						SL
26-SAT						Off
27-SUN						Off
28-MON						Holiday
29-TUE	7:02	12:07	12:12	5:04		8hrs
30-WED	7:50	12:05	12:11	5:12		8hrs
31-THU	7:27	12:04	12:22	5:58		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.

ASIO, LUZ G.

VERIFIED as to prescribed office hours

DIONESIO M. BAÑOC

Department Head
Department of Agronomy

Philippines

UNIVERSITY

City, Leyte

Stamp of Date of Receipt

FOR LEAVE

(First) (Middle)

Luz Geneston

5. SALARY (Monthly)

Professor II

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) : at home

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

(Signature of Applicant)

ON APPLICATION

7.b RECOMMENDATION:

- ☒ For Approval

☐ For Disapproval due to:

DIONESIO M. BAÑOC
Department of Agronomy

7.d DISAPPROVED due to:

E. TULIN

and 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		Asio		Luz	Geneston								
3. DATE OF FILING		4. POSITION		5. SALARY (Monthly)									
08/29/2023		Assistant Professor II											
6. DETAILS OF APPLICATION													
6.a TYPE OF LEAVE TO BE AVAILED OF:			6.b DETAILS OF LEAVE:										
<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 checked="" 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: _____			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"/> 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.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested ASIO, LUZ G. (Signature of Applicant)										
6.c NUMBER OF WORKING DAYS APPLIED FOR			6.d COMMUTATION										
1 day Inclusive Dates 08/25/2023 - 08/25/2023													
7. DETAILS OF ACTION ON APPLICATION													
7.a CERTIFICATION OF LEAVE CREDITS			7.b RECOMMENDATION:										
AS of: August 2023													
<table border="1"> <tr> <td>Total Earned</td> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <tr> <td>Less this Application</td> <td></td> <td>1</td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </table>		Total Earned	Vacation Leave	Sick Leave	Less this Application		1	Balance			<input checked="" type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: DIONESIO M. BAÑOC Department of Agronomy		
Total Earned	Vacation Leave	Sick Leave											
Less this Application		1											
Balance													
7.c APPROVED FOR:			7.d DISAPPROVED due to:										
day(s) with pay 1 day(s) without pay Others (Specify):													
Payroll and Leave Benefits Office FLORANTE G. DIMAL EDGARDO E. TULIN (Printed Name and Signature) University President													



VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte
6521 Philippines

TRAVEL REQUEST / ORDER

Date: July 17, 2023

Name : LUZ G. ASIO
Designation : Assistant Professor II *Signature*
Destination : Benguet State University
Date of Travel: July 26 to August 2, 2023
Purpose : Inception Meeting and Field Visit with our
ACIAR Project Partner at Benguet State
University

Total Expenses: _____
Source of Fund: ACIAR Soil Project
Transportation: [] University Vehicle [] Public Conveyance

Noted/Verified:

Signature
DIONESIO M. BAÑOC
Immediate Supervisor/Office Head

RECOMMENDING APPROVAL:

Signature
VICTOR B. ASIO
College Dean

MARIA JULIET C. CENIZA BEATRIZ S. BELONIAS
VP Research, Ext'n & Innov VP for Academic Affairs

APPROVED:

Signature
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:

Signature
LUZ G. ASIO
Name of Travelling Employee

Noted/Verified except Clearance from Nurse:

Signature
DIONESIO M. BAÑOC
Name of Office Head/Supervisor