

DAILY TIME RECORD **MACAPANAS, REYNANTE G.** (NAME)

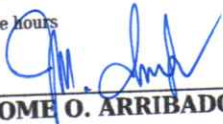
For the month of
May 1 - 31, 2025
Official hours for arrival and departure
8:00AM - 5:00PM

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-THU						Holiday
2-FRI	7:51	12:00	12:04	5:02		8hrs
3-SAT						Off
4-SUN						Off
5-MON	7:36	12:00	12:04	5:00		8hrs
6-TUE	7:53	12:01	12:05	5:00		8hrs
7-WED	7:48	12:00	12:04		4hrs	4hrs
8-THU						SL
9-FRI						SL
10-SAT						Off
11-SUN						Off
12-MON						Holiday
13-TUE						SL
14-WED	8:00	12:00	12:04	5:00		8hrs
15-THU						SL
16-FRI						SLP
17-SAT						Off
18-SUN						Off
19-MON	7:31	12:00	12:03	5:00		8hrs
20-TUE	7:37	12:00	12:04	5:00		8hrs
21-WED	7:40	12:00	12:04	5:01		8hrs
22-THU	7:34	12:01	12:04	5:00		8hrs
23-FRI	7:38	12:00	12:05	5:00		8hrs
24-SAT						Off
25-SUN						Off
26-MON	7:41	12:00	12:04	5:00		8hrs
27-TUE	7:28	12:00	12:05	5:00		8hrs
28-WED	7:45	12:00	12:05	5:01		8hrs
29-THU	7:43	12:00	12:06	5:02		8hrs
30-FRI						OB
31-SAT						OB

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.


REYNANTE G. MACAPANAS

VERIFIED as to prescribed office hours


JEROME O. ARRIBADO

Department Head
Eco-Farm & Resource Management Institute

Date Generated: Jun/15/2025 06:18:42



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)												
Eco-FARMI	Macapanas	Reynante	Gamalo												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
06/11/2025	Science Research Assistant														
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 checked="" type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privileges <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 checked="" type="checkbox"/> In Hospital (Pls. Specify) : VSU Infirmary <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 <div style="text-align: center;"> 2 days Inclusive Dates 05/08/2025 - 05/10/2025 </div>		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <div style="text-align: center;"> MACAPANAS, REYNANTE G. (Signature of Applicant) </div>													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: June 2025 <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td>29.183</td> <td>43.125</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>29.183</td> <td>41.125</td> </tr> </tbody> </table> <div style="text-align: center;"> FLORANTE G. DIDAL Payroll and Leave Benefits Office </div>			Vacation Leave	Sick Leave	Total Earned	29.183	43.125	Less this Application			Balance	29.183	41.125	7.b RECOMMENDATION: <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: <div style="text-align: center;"> JEROME O. ARRIBADO Eco-Farm & Resource Management Institute </div>	
	Vacation Leave	Sick Leave													
Total Earned	29.183	43.125													
Less this Application															
Balance	29.183	41.125													
7.c APPROVED FOR: ___ day(s) with pay ___ day(s) without pay Others (Specify): _____		7.d DISAPPROVED due to: _____													
PROSE IVY G. YEPES _____ (Printed Name and Signature) University 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)												
Eco-FARMI	Macapanas	Reynante	Gamalo												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
06/11/2025	Science Research Assistant														
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 checked="" type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privileges <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>Guadalupe, Baybay City 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 <div style="text-align: center;"> <u>1 day</u> Inclusive Dates 05/13/2025 - 05/13/2025 </div>		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <div style="text-align: center;"> MACAPANAS, REYNANTE G. (Signature of Applicant) </div>													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>June 2025</u> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td style="text-align: center;">29.183</td> <td style="text-align: center;">43.125</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td style="text-align: center;">29.183</td> <td style="text-align: center;">42.125</td> </tr> </tbody> </table> <div style="text-align: center;"> FLORANTE G. DIDAL Payroll and Leave Benefits Office </div>			Vacation Leave	Sick Leave	Total Earned	29.183	43.125	Less this Application			Balance	29.183	42.125	7.b RECOMMENDATION: <input checked="" type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: <div style="text-align: center;"> JEROME O. ARRIBADO Eco-Farm & Resource Management Institute </div>	
	Vacation Leave	Sick Leave													
Total Earned	29.183	43.125													
Less this Application															
Balance	29.183	42.125													
7.c APPROVED FOR: _____ day(s) with pay _____ day(s) without pay Others (Specify): _____		7.d DISAPPROVED due to: <div style="text-align: center;"> PROSEIVY G. YEPES (Printed Name and Signature) University President </div>													



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)
Eco-FARMI	Macapanas	Reynante	Gamalo
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
06/11/2025	Science Research Assistant		

6. DETAILS OF APPLICATION

6.a TYPE OF LEAVE TO BE AVAILED OF:

- ☐ Adoption
☐ Mandatory/Force
☐ Maternity - 7 days Transferable to father/alternate caregiver
☐ Maternity - additional 15 days for single mother
☐ Monetization
☐ Parental (Solo Parent)
☐ Paternity
☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
☒ Sick
☐ Special Emergency (Calamity)
☐ Special Leave Benefits for women
☐ Special Leave Privileges
☐ Study
☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)
☐ Vacation

Others: _____

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) : Guadalupe, Baybay City 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.c NUMBER OF WORKING DAYS APPLIED FOR

1 day
Inclusive Dates

05/15/2025 - 05/15/2025

6.d COMMUTATION

- ☒ Requested ☐ Not Requested

MACAPANAS, REYNANTE G.
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.a CERTIFICATION OF LEAVE CREDITS

AS of: June 2025

	Vacation Leave	Sick Leave
Total Earned	29.183	43.125
Less this Application		
Balance	29.183	42.125

FLORANTE G. DIDAL
Payroll and Leave Benefits Office

7.b RECOMMENDATION:

- ☒ For Approval
☐ For Disapproval due to:

JEROME O. ARRIBADO
Eco-Farm & Resource Management Institute

7.c APPROVED FOR:

____ day(s) with pay ____ day(s) without pay
Others (Specify):

7.d DISAPPROVED due to:

PROSE IVY G. YEPES

(Printed Name and Signature)
University President



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

MAY 26, 2025

Date

Name: **REYNANTE G. MACAPANAS**
Designation: **SRA**
Destination: **DIGYO ISLAND, INOPACAN, LEYTE**
Date of Travel: **MAY 30-31, 2025**
Purpose: **TEAM BUILDING**

Signature

Total Expenses: _____

Source of Funds: _____

Transportation: [] University Vehicle

[] Public Conveyance

Noted/Verified:

JEROME O. ARRIBADO

Office Head/Immediate Supervisor

RECOMMENDING APPROVAL:

SUZETTE B. LINA

Dean, FAFS

In-charge of funds (If other than the
Dept./Office Head)

VP for Academic Affairs

APPROVED:

PROSE IVY G. YEPES

President



VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):

- ☐ Medical Clearance from the VSU Infirmary that the employee have 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 will be observed for the duration of the activity (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:

REYNANTE G. MACAPANAS

Name of Travelling Employee

Noted/verified except Clearance from Nurse:

Name of Office Head/Supervisor