

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) a control (2) swit built and Laule it	
DA Description of the supplication of the Day	Dela Pena	medical supervis	Wences Rey	Basilad Washington and End Leadle	
DATE OF FILING ZARROUN & RESIGNATION OF THE POSITION OF THE PO				5. SALARY (Monthly)	
04/18/2023	Application whall he made	ctor I 2254 herro Tyrotanas			
by salay and reports more as the pointed	6. DE	TAILS OF API	PLICATION	weet. In case the subthelied leave has been cauca-	
6.a TYPE OF LEAVE TO BE AVA	ILED OF:	4	6.b DETAILS OF LE	EAVE: MENT TO THE TOTAL PROPERTY OF THE TOTA	
□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) □Sabbatical □Sick □Special Emergency (Calamity) □Special Leave Benefits for women □Special Leave Privilege □Study □VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) □Vacation Others:			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): 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 PHD Degree Other purpose: □ Monetization of Leave Credits □ Terminal Leave		
6.c NUMBER OF WORKING DA	YS APPLIED FOR		6.d COMMUTATIO	N	
1 Inclus 04/19/202		DELA PENA, WENCES REY B. (Signature of Applicant)			
the tion that the place of residence in	7. DETAILS	OF ACTION (ON APPLICATION	Problems and the control of the cont	
7.a CERTIFICATION OF LEAVE	CREDITS		7.b RECOMMENDA	ATION: a last healthy rights assess shall not put ou	
AS of: <u>April 2023</u>					
2	Vacation Leave	Sick Leave	☐ For Approval		
Total Earned	infe sifore regel inciding	025	☐ For Disapprov	The bound recovery in the second requirement of the second recovery in the second reco	
Less this Application	t of the agency and lay the	nea.	☐ For Disapprov	al due to: Ignor and has evilensammen	
Balance	Paruol loure	ni/Tulei		. 41.	
HONEY SO	OFIA V. COLIS Human Resource Ma	RUTH O. ESCASINAS Department of Agronomy			
7.c APPROVED FOR: day(s) with payday(Others (Specify):	(s) without pay	7.d DISAPPROVED			
neurone care des mail resonne mora	THE STATE OF THE PARTY OF THE P	Advantage and S (Printed Name and S University Pres	TULIN ignature)	onsinado from the culary. Leave al absorber to taling 350 culteana eliga u antantillare i pursugarli o 180 histogramian. Car	

DAILY TIME RECORD DELA PENA, WENCES REY B.

For the month of April 1 - 30, 2023 Official hours for arrival and departure
8:00AM - 5:00PM

Day	A	AM		PM		Total
	IN	OUT	IN	OUT	T/U	Total
1-SAT						Off
2-SUN						Off
3-MON	7:38	12:00	12:10	5:07		8hrs
4-TUE	7:42	12:03	12:49	5:09		8hrs
5-WED 7				-		4hrs
	7:52	12:16				SUSPENDED 12:00 pm 11:59 pm
6-THU						Holiday
7-FRI						Holiday
8-SAT						Off
9-SUN						Off .
10 -MON						Holiday
11-TUE	7:18	12:10	12:44	5:04		8hrs -
12- WED	7:57	12:08	12:50	5:06		8hrs
13-THU	7:55	12:33	12:50	5:04		8hrs
14-FRI	6:51	12:13	1:00	5:11		8hrs
15-SAT						Off
16-SUN						Off
17-MON	7:53	12:00	1:00	5:05		8hrs
18-TUE	7:59	12:43	12:45	6:11		8hrs
19-WED						FL
20 -THU	7:56	12:12	12:36	6:26		8hrs
21-FRI						Holiday
22-SAT						Off
23-SUN			9.			Off
24-MON	7:53	12:13	12:48	5:17		8hrs
25- TUE	8:00	12:03	12:14	5:04		8hrs
26- WED	7:57	12:22	12:49	5:02		8hrs
27 -THU						VSU 99TH ANNIVERSARY
28-FRI						VSU 99TH ANNIVERSARY
29-SAT						Off
30-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.

WENCES REY B. DELA PENA

VERIFIED as to prescribed office hours

RUTH O. ESCASINAS

Department Head Department of Agronomy

Date Generated: May/29/2023 04:32:05