



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	Dela Pena	Wences Rey	Basilad												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
04/18/2023	Instructor I														
6. DETAILS OF APPLICATION															
6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input checked="" 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: _____		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 04/19/2023 - 04/19/2023		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  DELA PENA, WENCES REY B. (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: April 2023 <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> HONEY SOFIA V. COLIS Office of the Director for Human Resource Management			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:  RUTH O. ESCASINAS Department of Agronomy	
	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:													
<div style="text-align: center;"> EDGARDO E. TULIN (Printed Name and Signature) University President</div>															

**DAILY TIME RECORD**  
**DELA PENA, WENCES REY B.**  
 (NAME)

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

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
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	7:52	12:16				4hrs 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						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