

**DAILY TIME RECORD**  
**INSIK, MARIA ROBELYN A.**

(NAME)

For the month of  
**December 1 - 31, 2022**

Official hours for arrival and departure  
**8:00AM - 5:00PM**

	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
	9:34	12:28	12:29	7:26		8hrs
	8:55	12:00	1:00	7:27		8hrs
						Off
						Off
	8:54	1:10	1:22	8:03		8hrs
	6:00	11:59	12:00	9:00		Official Travel
						SL
						Holiday
	8:41	1:18	1:21	6:04		8hrs
						Off
						Off
	8:22	1:20	1:25	7:09		8hrs
	9:37	12:14	12:37	7:19		8hrs
	9:58	1:25	1:33	7:00		8hrs
	9:23	12:30	1:04	7:15		8hrs
	9:20	1:29	1:30	6:46		8hrs
						Off
						Off
	9:13	12:42	12:43	5:31	1hr 13mins	6hrs 47mins
	8:36	12:40	1:00	5:18		8hrs
	9:32	1:00	1:01	5:32	1hr 33mins	6hrs 27mins
						Off
						Off
						Holiday
						Holiday
						Off

**DAILY TIME RECORD**  
**INSIK, MARIA ROBELYN A.**

(NAME)

For the month of  
**December 1 - 31, 2022**

Official hours for arrival and departure  
**8:00AM - 5:00PM**

Day	AM		PM		T/U	Total
	IN	OUT	IN	OUT		
1-THU	9:34	12:28	12:29	7:26		8hrs
2-FRI	8:55	12:00	1:00	7:27		8hrs
3-SAT						Off
4-SUN						Off
5-MON	8:54	1:10	1:22	8:03		8hrs
6-TUE	6:00	11:59	12:00	9:00		Official Travel
7-WED						SL
8-THU						Holiday
9-FRI	8:41	1:18	1:21	6:04		8hrs
10-SAT						Off
11-SUN						Off
12-MON	8:22	1:20	1:25	7:09		8hrs
13-TUE	9:37	12:14	12:37	7:19		8hrs
14-WED	9:58	1:25	1:33	7:00		8hrs
15-THU	9:23	12:30	1:04	7:15		8hrs
16-FRI	9:20	1:29	1:30	6:46		8hrs
17-SAT						Off
18-SUN						Off
19-MON	9:13	12:42	12:43	5:31	1hr 13mins	6hrs 47mins
20-TUE	8:36	12:40	1:00	5:18		8hrs
21-WED	9:32	1:00	1:01	5:32	1hr 3 3mins	6hrs 27mins
22-THU						
23-FRI						
24-SAT						Off
25-SUN						Off
26-MON						Holiday
27-TUE						
28-WED						
29-THU						
30-FRI						Holiday
31-SAT						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.

  
**MARIA ROBELYN A. INSIK**

as prescribed office hours

**ELIZABETH S. QUEVEDO**  
 Department Head  
 Department of Pure and Applied Chemistry

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.

  
**MARIA ROBELYN A. INSIK**

VERIFIED as to prescribed office hours

**ELIZABETH S. QUEVEDO**  
 Department Head  
 Department of Pure and Applied Chemistry



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)
<b>DOPAC</b>	<b>Insik</b>	<b>Maria Robelyn</b>	<b>Aureo</b>
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
<b>12/21/2022</b>	<b>Instructor I</b>		

**6. DETAILS OF APPLICATION**

<p>6.a TYPE OF LEAVE TO BE AVAILED OF:</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Mandatory/Force</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver</p> <p><input type="checkbox"/> Maternity - additional 15 days for single mother</p> <p><input type="checkbox"/> Monetization</p> <p><input type="checkbox"/> Parental (Solo Parent)</p> <p><input type="checkbox"/> Paternity</p> <p><input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sabbatical</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Special Emergency (Calamity)</p> <p><input type="checkbox"/> Special Leave Benefits for women</p> <p><input type="checkbox"/> Special Leave Privilege</p> <p><input type="checkbox"/> Study</p> <p><input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input checked="" type="checkbox"/> Vacation</p> <p>Others: <u>CDO</u></p>	<p>6.b DETAILS OF LEAVE:</p> <p>In case of vacation/Special Privilege leave:</p> <p><input type="checkbox"/> Within the Philippines :</p> <p><input type="checkbox"/> Abroad (Pls. Specify) :</p> <p>In case of Sick leave:</p> <p><input type="checkbox"/> In Hospital (Pls. Specify) :</p> <p><input type="checkbox"/> Out Patient (Pls. Specify) :</p> <p>In case of Special Leave Benefits for Women:                  (Specify Illness)</p> <p>In case of Study leave:</p> <p><input type="checkbox"/> BAR/Board Examination Review</p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> Completion of Doctorate Degree</p> <p><input type="checkbox"/> Completion of PHD Degree</p> <p>Other purpose:</p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>
--	---

<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p style="text-align: center;"><u>2 days</u></p> <p style="text-align: center;">Inclusive Dates</p> <p style="text-align: center;">12/22/2022 - 12/23/2022</p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested    <input type="checkbox"/> Not Requested</p> <p style="text-align: center;">  <b>INSIK, MARIA ROBELYN A.</b>                  (Signature of Applicant)</p>
--	---

**7. DETAILS OF ACTION ON APPLICATION**

<p>7.a CERTIFICATION OF LEAVE CREDITS                  AS of: <u>December 2022</u></p> <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 style="text-align: center;">12.791</td> <td style="text-align: center;">21.458</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td style="text-align: center;">12.791</td> <td style="text-align: center;">21.458</td> </tr> </tbody> </table> <p style="text-align: center;"><b>REGINA C. BIBERA</b>                  Office of the Head of Payroll and Leave Benefits</p>		Vacation Leave	Sick Leave	Total Earned	12.791	21.458	Less this Application			Balance	12.791	21.458	<p>7.b RECOMMENDATION:</p> <p><input type="checkbox"/> For Approval</p> <p><input type="checkbox"/> For Disapproval due to:</p> <p style="text-align: center;">  <b>ELIZABETH S. QUEVEDO</b>                  Department of Pure and Applied Chemistry</p>
	Vacation Leave	Sick Leave											
Total Earned	12.791	21.458											
Less this Application													
Balance	12.791	21.458											

<p>7.c APPROVED FOR:</p> <p>___ day(s) with pay    ___ day(s) without pay</p> <p>Others (Specify):</p>	<p>7.d DISAPPROVED due to:</p>
--	--------------------------------

**EDGARDO E. TULIN**  
 (Printed Name and Signature)  
 University President





**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

**TRAVEL REQUEST / ORDER**  
( For Faculty)

28-Nov-22

Date

Name : MARIA ROBELYN A. INSIK *mauroful*  
 Designation : Instructor I Signature  
 Destination : Dulag, Juliita, Burauen, Leyte  
 Date of Travel : December 6, 2022  
 Purpose : Water and sediment sampling in Daguitan-Marabong River

Total Expenses: \_\_\_\_\_  
 Source of Funds ECH. 14-1420.15  
 Transportation: [ ] University Vehicle  
 [ ] Private Conveyance

Noted/Verified: *Elizabeth S. Quevedo*  
ELIZABETH S. QUEVEDO  
 Immediate Supervisor

RECOMMENDING APPROVAL: *Ma. Theresa P. Loreto* DEC 01 2022  
MA. THERESA P. LORETO  
 College Dean

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

*Maria Juliet Beniza*  
MARIA JULIET BENIZA  
 VP for Research, Extension & Innovation

*Beatriz S. Belonias*  
BEATRIZ S. BELONIAS  
 VP for Academic Affairs

APPROVED: *Edgardo E. Tulina*  
EDGARDO E. TULINA  
 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:

*Maria Robelyn A. Insik*  
MARIA ROBELYN A. INSIK  
 Name of Travelling Employee

Noted/verified except Clearance from Nurse :

*Elizabeth S. Quevedo*  
ELIZABETH S. QUEVEDO  
 Immediate Supervisor