

Republic of the Philippines

Tourism Infrastructure & Enterprise Zone Authority

MEMORANDUM

FOR

JOSEFINA U. SORIANO

Manager, Human Resource Services Division

Administrative Services Department

THRU

ATTY. MARIA TERESA C. ALVAREZ

Manager, Operations Department

FROM

RESIDENT MANAGER

Gardens of Malasag Eco Tourism Village

SUBJECT

MONETIZATION

DATE

03 SEPTEMBER 2021

This is to request for 10 days vacation leave credits monetization of two (2) regular employees of **GMETV** namely:

Arceli Dolorosa C. Quijada

Senior Corporate Accounts Analyst

Eden V. Salaan

Hotel/Resort Operations Officer

Hoping for your kind consideration and approval.

MA. CARMELA LV. MARQUEZ





TOURISM INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY GARDENS OF MALASAG ECO-TOURISM VILLAGE



PAYROLL - MONETIZATION

	Ī	2	_		
		SALAAN, EDEN V.	QUIJADA, ARCELI DOLOROSA C.	NAME	
	TOTAL	25,232.00	31,292.00	BASIC	
		10	10	MONETIZATION # DAYS	
		0.0481927	0.0481927	MONETIZATION FACTOR	
	27,240.44	12,159.98	15,080.46	TOTAL	
				SIGNATURE	

I hereby certify on my official oath that this payroll is correct & services had been rendered as stated.

Approved for payment:

I certify on my official oath that I had paid to each employee whose names appears on the above having signed or marked their name.

JULIET L. SIBI
Special Disbursing Officer

CHARISSA WAE C. POLINAR
Personnel Officer

CSC Form No. 6 Revised 1984



REPUBLIC OF THE PHILIPPINES

Tourism Infrastructure and Enterprise Zone Authority
Pasay City

APPLICATION FOR LEAVE

1. DEPARTMENT/DIVISION	2. ID NO.	NAME (Last)	(First)	(Middle)		
OPED-GMETV	1900	QUIJADA	ARCELI DOLOROSA	CALMA		
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)			
September 03, 2021	Sr. Corp. Accounts Analyst		31,292.00			
	D	ETAILS OF APPLICA				
6. a) TYPE OF LEAVE 6. b) WHERE LEAVE WILL BE SPENT :						
Vacation	IN	CASE OF VACATION LI Within the Philippines	EAVE			
Reason	Reason					
Sick			Abroad (Specify)	A		
Maternity/Paternity		IN	CASE OF SICK LEAVE			
Monetization		-37	In Hospital (Specify)			
Others (Specify)			1			
MONETIZ		L_	Out Patient (Specify) _	AT HOME ONLY		
6. c) NUMBER OF WORKIN APPLIED FOR :	G/CALENDAR D		MMUTATION			
From :	10 01	0. u) 00	Requested	Not Requested		
To :	3-20-6-0					
			N. ~ A			
			alimber	<u> </u>		
	DETABL	S OF ACTION ON AP	(Signature of Approved	oplicant)		
7. a) CERTIFICATION OF LE			COMMENDATION			
As of			Approval			
			Disapproval due to			
Vacation Sid	ck	Total				
			_	_		
Days Da	ys İ	Days	(
)	/ .		
ABIGAIL R	PERCEI A		MA. CARMELA LV	MARQUEZ		
HRM Of			(Department			
Human Resource		1				
7. c) APPROVED FOR:		7. d) BAI	LANCE AFTER THIS LE	AVE		
day	s with pay	-	Vacation			
day	s without pay		Sick			
SL	charged to VL					
JOSEFINA U. SORIANO						

Manager, Human Resource Services Division Administrative Services Department

DATE:

PLEASE SEE INSTRUCTIONS AT THE BACK

CSC Form No. 6 Revised 1984



REPUBLIC OF THE PHILIPPINES

Tourism Infrastructure and Enterprise Zone Authority
Pasay City

APPLICATION FOR LEAVE

2. ID NO.	NAME (Last)	(First)	(Middle)		
3084 SALAAN		EDEN	VILLANUEVA		
4. POSITION		5. SALARY (Month			
September 03, 2021 HROO B			00		
	DETAILS OF APPLICAT		7.0		
		6. b) WHERE LEAVE WILL BE SPENT : IN CASE OF VACATION LEAVE Within the Philippines Abroad (Specify)			
	IN	CASE OF SICK LEAV			
	DAVO	Out Patient (Specify)_AT HOME ONLY		
6. c) NUMBER OF WORKING/CALENDAR DAYS APPLIED FOR: 10 DAYS From: To:			Not Requested		
		Jem			
DETAIL	S OF ACTION ON APP	(Signature of	Applicant)		
7. a) CERTIFICATION OF LEAVE CREDITS As of Vacation Sick Total					
5	Days				
ABIGAIL R. PERCELA			MA. CARMELA LV. MARQUEZ		
HRM Officer IV Human Resource Services Division			t Head)		
7. c) APPROVED FOR:			7. d) BALANCE AFTER THIS LEAVE		
days with pay			Vacation		
without pay parged to VL		Sick			
	ATION G/CALENDAR 10 D/ AVE CREDITS PERCELA cer IV ervices Division with pay without pay	ATION BY ACTION ATION GATION GATIO	3084 SALAAN EDEN 4 POSITION 5. SALARY (Month HROO B 25,232.0 DETAILS OF APPLICATION 6. b) WHERE LEAVE WILL B IN CASE OF VACATION Within the Philippin Abroad (Specify) IN CASE OF SICK LEAV In Hospital (Specify) ATION Out Patient (Specify) ATION CASE OF SICK LEAV In Hospital (Specify) ATION Out Patient (Specify) AVE CREDITS 7. b) RECOMMUTATION Approval Disapproval due to CASE OF SICK LEAV (Signature of Details of ACTION ON APPLICATION Approval Disapproval due to CASE OF SICK LEAV In Hospital (Specify) AVE CREDITS 7. b) RECOMMENDATION Approval Disapproval due to CASE OF SICK LEAV (Signature of Details of ACTION ON APPLICATION Approval Disapproval due to CASE OF SICK LEAV (Signature of Details of ACTION ON APPLICATION Approval Disapproval due to CASE OF SICK LEAV (Signature of Details of ACTION ON APPLICATION Approval Disapproval due to CASE OF SICK LEAV (Signature of Details of ACTION ON APPLICATION Approval Disapproval due to CASE OF SICK LEAV (Signature of Details of ACTION ON APPLICATION Approval Disapproval due to CASE OF SICK LEAV (Signature of Details of ACTION ON APPLICATION Approval Disapproval due to CASE OF SICK LEAV (Signature of Details of ACTION ON APPLICATION Approval DISAPPROVAL DETAILS OF ACTION ON APPLICATION APPLICATION ON APPLICATION Approval DISAPPROVAL DETAILS OF ACTION ON APPLICATION APPLICATIO		

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