



Republic of the Philippines
VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT DLABS	2. NAME ACORITAY, DAISY PACAYO												
3. DATE OF FILING December 6, 2021 4. POSITION Asst. Prof. I 5. SALARY													
6. DETAILS OF APPLICATION													
6.A TYPE OF LEAVE TO BE AVAILED OF ☐ Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☒ Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Maternity Leave (R.A. No. 11210 / RRR issued by CSC, DOLE and SSS) ☐ Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) ☐ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) ☐ Study Leave (Sec. 58, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) ☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) ☐ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) ☐ Adoption Leave (R.A. No. 8552) Others _____	6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____ <i>In case of Sick Leave:</i> In Hospital (Specify illness) _____ Out Patient (Specify illness) _____ <i>In case of Special Leave Benefits for Women:</i> (Specify illness) _____ <i>In case of Study Leave:</i> Completion of Master's Degree _____ BAR/Board Examination Review _____ <i>Other purpose:</i> Monetization of Leave Credits _____ Terminal Leave _____												
6.C NUMBER OF WORKING DAYS APPLIED FOR 2 days INCLUSIVE DATES November 5 & 26, 2021	6.D COMMUTATION Not Requested _____ Requested <u><i>Daisy Pacayo Acoritay</i></u> DAISY P. ACORITAY (Signature of Applicant)												
7. DETAILS OF ACTION ON APPLICATION													
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse;"><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> REGINA BIERA, Am. Officer II (Authorized Officer)		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval _____ For disapproval due to _____ JETT C. QUEBEC Head, DLABS (Authorized Officer)
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													
7.C APPROVED FOR _____ days with pay _____ days without pay _____ others (Specify) _____	7.D DISAPPROVED DUE TO: _____ _____ _____												
 EDGARDO E. TULIN President (Authorized Official)													