

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
ITEEM	Espinosa	Eliza	Dadole												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
11/16/2022	Associate Professor I														
<b>6. DETAILS OF APPLICATION</b>															
<b>6.a TYPE OF LEAVE TO BE AVAILED OF:</b>  <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/> Maternity - additional 15 days for single mother <input checked="" 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: _____		<b>6.b DETAILS OF LEAVE:</b>  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													
<b>6.c NUMBER OF WORKING DAYS APPLIED FOR</b>  <div style="text-align: center;"><u>10 days</u></div>  <div style="text-align: center;">Inclusive Dates</div>		<b>6.d COMMUTATION</b>  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <div style="text-align: center;"> <b>ESPINOSA, ELIZA D.</b>          _____          (Signature of Applicant)       </div>													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
<b>7.a CERTIFICATION OF LEAVE CREDITS</b> AS of: <u>November 2022</u>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">Vacation Leave</th> <th style="width: 25%;">Sick Leave</th> </tr> <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> </table>  <div style="text-align: center;"> <b>REGINA C. BIBERA</b>          _____          Office of the Head of Payroll and Leave Benefits       </div>			Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			<b>7.b RECOMMENDATION:</b>  <input type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:  <div style="text-align: center;"> <b>DENNIS P. PEQUE</b>          _____          College of Forestry &amp; Environmental Sciences       </div>	
	Vacation Leave	Sick Leave													
Total Earned															
Less this Application															
Balance															
<b>7.c APPROVED FOR:</b> ____ day(s) with pay    ____ day(s) without pay Others (Specify): _____		<b>7.d DISAPPROVED due to:</b> _____													
<b>EDGARDO E. TULIN</b> _____ (Printed Name and Signature) University President															