



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>DoPAC</b>	2. NAME : (Last) (First) (Middle) <b>JANSALIN JACOB GLENN F.</b>
3. DATE OF FILING <b>April 4, 2022</b>	4. POSITION <b>Assoc. Prof. V</b>

### 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 / IRR 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. 68, 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

*In case of Vacation/Special Privilege Leave:*

Within the Philippines \_\_\_\_\_

Abroad (Specify) \_\_\_\_\_

*In case of Sick Leave:*

In Hospital (Specify Illness) \_\_\_\_\_

Out Patient (Specify Illness) \_\_\_\_\_

*In case of Special Leave Benefits for Women:*

(Specify Illness) \_\_\_\_\_

*In case of Study Leave:*

Completion of Master's Degree

BAR/Board Examination Review

*Other purpose:*

Monetization of Leave Credits

Terminal Leave

#### 6.C NUMBER OF WORKING DAYS APPLIED FOR

5 days

INCLUSIVE DATES

April 7, 8, 11, 12, & 13, 2022

#### 6.D COMMUTATION

Not Requested

Requested

**JACOB GLENN F. JANSALIN**  
(Signature of Applicant)

### 7. DETAILS OF ACTION ON APPLICATION

#### 7.A CERTIFICATION OF LEAVE CREDITS

As of \_\_\_\_\_

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

**REGINA BIBERA, Adm. Officer II**  
(Authorized Officer)

#### 7.B RECOMMENDATION

☒ For approval

For disapproval due to \_\_\_\_\_

**ELIZABETH S. QUEVEDO**  
Office/Dept./Unit  
(Authorized Officer)

#### 7.C APPROVED FOR:

\_\_\_\_\_ days with pay  
\_\_\_\_\_ days without pay  
\_\_\_\_\_ others (Specify)

#### 7.D DISAPPROVED DUE TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDGARDO E. TULIN**  
President  
(Authorized Official)



## ARRANGEMENT FOR CLASS(ES) MISSED

(To be attached to Application for Leave Form and/or Travel Order/Request)

Name of Faculty		Department	Date of Filing
JACOB GLENN F. JANSALIN		DoPAC	April 4, 2022
Subject(s) Taught	Class Schedule	No. of Students	Arrangement for classes missed/ to be missed
Chem 207	16:00-19:00- S	1	} NO CLASS - MIDTERM EXAM
Chem 117 (2 sections)	16:00-17:30 -TTh	17	
	16:00-17:30 -MW	17	
Chem 159 (2 sections)	10:00-11:30 - MW	21	
	13:00-14:30 - MW	10	
Chem 195n	10:00-12:00 - F	21	
Reason(s) of:			
a. Leave: Date(s) Medical Check-Up <input checked="" type="checkbox"/> Vacation <input type="checkbox"/> Sick <input type="checkbox"/> others (Pls. specify)		b. Travel: Date(s)	
Conforme:		Prepared by:	
_____ Name & Signature of person taking over the classes(s)		 <b>JACOB GLENN F. JANSALIN</b> Name & Signature of Instructor/Professor	
Approved by: <b>ELIZABETH S. QUEVEDO</b> Name & Signature of Immediate Supervisor Date: 4/5/2022			

\*to be accomplished in 2 copies