



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>FARMI</b>	<b>Valdevieso</b>	<b>Gelberto</b>	<b>Poliquit</b>
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
<b>08/05/2025</b>	<b>Administrative Aide III</b>		

**6. DETAILS OF APPLICATION****6.a TYPE OF LEAVE TO BE AVAILED OF:**

- ☐ Adoption Leave  
☐ Calamity Leave (Special Emergency Leave)  
☐ Mandatory/Force  
☐ Maternity - 7 days Transferable to father/alternate caregiver  
☐ Monetization  
☐ Parental (Solo Parent)  
☐ Paternity  
☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)  
☒ Sick  
☐ Special Leave Benefits for women  
☐ Special Leave Privileges  
☐ Study  
☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)  
☐ Vacation

Others: \_\_\_\_\_

**6.b DETAILS OF LEAVE:**

In case of vacation/Special Privilege leave:

- ☐ Within the Philippines :  
☐ Abroad (Pls. Specify) :

In case of Sick leave:

- ☐ In Hospital (Pls. Specify) :  
☒ Out Patient (Pls. Specify) : At Home

In case of Special Leave Benefits for Women:  
(Specify Illness)

In case of Study leave:

- ☐ BAR/Board Examination Review  
☐ Completion of Master's Degree  
☐ Completion of Doctorate Degree  
☐ Completion of PHD Degree

Other purpose:

- ☐ Monetization of Leave Credits  
☐ Terminal Leave

**6.c NUMBER OF WORKING DAYS APPLIED FOR**1 day

Inclusive Dates

07/18/2025 - 07/18/2025

**6.d COMMUTATION**

- ☒ Requested ☐ Not Requested

**VALDEVIESO, GELBERTO P.**

(Signature of Applicant)

**7. DETAILS OF ACTION ON APPLICATION****7.a CERTIFICATION OF LEAVE CREDITS**AS of: August 2025

	Vacation Leave	Sick Leave
Total Earned	14.665	86.292
Less this Application		
Balance	14.665	85.292

**FLORANTE G. DIDAL**

Payroll and Leave Benefits Office

**7.b RECOMMENDATION:**

- ☐ For Approval  
☐ For Disapproval due to:

**JEROME O. ARRIBADO**

Eco-Farm &amp; Resource Management Institute

**7.c APPROVED FOR:**

\_\_\_\_ day(s) with pay    \_\_\_\_ day(s) without pay  
Others (Specify):

**7.d DISAPPROVED due to:****PROSE IVY G. YEPES**(Printed Name and Signature)  
University President