





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>IASO</b>  | <b>Flandez</b>                | <b>Arlin</b>   | <b>Bravo</b>        |            |              |        |        |                       |  |  |         |        |        |   |  |
| 3. DATE OF FILING  | 4. POSITION                   |  | 5. SALARY (Monthly) |            |              |        |        |                       |  |  |         |        |        |   |  |
| <b>04/21/2022</b>  | <b>Administrative Aide VI</b> |  |                     |            |              |        |        |                       |  |  |         |        |        |   |  |
| <b>6. DETAILS OF APPLICATION</b>   |                               |  |                     |            |              |        |        |                       |  |  |         |        |        |   |  |
| 6.a TYPE OF LEAVE TO BE AVAILED OF:<br><input type="checkbox"/> Adoption<br><input type="checkbox"/> Mandatory/Force<br><input type="checkbox"/> Maternity<br><input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver<br><input type="checkbox"/> Maternity - additional 15 days for single mother<br><input type="checkbox"/> Monetization<br><input type="checkbox"/> Parental (Solo Parent)<br><input type="checkbox"/> Paternity<br><input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Sabbatical<br><input type="checkbox"/> Sick<br><input checked="" type="checkbox"/> Special Emergency (Calamity)<br><input type="checkbox"/> Special Leave Benefits for women<br><input type="checkbox"/> Special Leave Privilege<br><input type="checkbox"/> Study<br><input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)<br><input type="checkbox"/> Vacation<br>Others: _____ |                               | 6.b DETAILS OF LEAVE:<br><br>In case of vacation/Special Privilege leave:<br><input type="checkbox"/> Within the Philippines :<br><input type="checkbox"/> Abroad (Pls. Specify) :<br><br>In case of Sick leave:<br><input type="checkbox"/> In Hospital (Pls. Specify) :<br><input type="checkbox"/> Out Patient (Pls. Specify) :<br><br>In case of Special Leave Benefits for Women:<br>(Specify Illness)<br><br>In case of Study leave:<br><input type="checkbox"/> Completion of Master's Degree<br><input type="checkbox"/> BAR/Board Examination Review<br><br>Other purpose:<br><input type="checkbox"/> Monetization of Leave Credits<br><input type="checkbox"/> Terminal Leave |                     |            |              |        |        |                       |  |  |         |        |        |   |  |
| 6.c NUMBER OF WORKING DAYS APPLIED FOR<br><u>3 days</u><br>Inclusive Dates<br>04/18/2022 - 04/20/2022  |                               | 6.d COMMUTATION<br><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested<br><br><div style="text-align: center;"> <br/> <b>FLANDEZ, ARLIN B.</b><br/>         (Signature of Applicant)       </div>  |                     |            |              |        |        |                       |  |  |         |        |        |   |  |
| <b>7. DETAILS OF ACTION ON APPLICATION</b>   |                               |  |                     |            |              |        |        |                       |  |  |         |        |        |   |  |
| 7.a CERTIFICATION OF LEAVE CREDITS<br>AS of: <u>April 2022</u> <table border="1" style="width: 100%;"> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> <tr> <td>Total Earned</td> <td>37.454</td> <td>31.125</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>37.454</td> <td>31.125</td> </tr> </table> <div style="text-align: center;"> <b>HONEY SOFIA V. COLIS</b><br/>         Office of the Director for Human Resource Management       </div>   |                               |  | Vacation Leave      | Sick Leave | Total Earned | 37.454 | 31.125 | Less this Application |  |  | Balance | 37.454 | 31.125 | 7.b RECOMMENDATION:<br><br><input checked="" type="checkbox"/> For Approval<br><br><input type="checkbox"/> For Disapproval due to:<br><br><div style="text-align: center;"> <br/> <b>MARIA TERESA A. CRUZ</b><br/>         Internal Audit Service Office       </div> |  |
|  | Vacation Leave                | Sick Leave   |                     |            |              |        |        |                       |  |  |         |        |        |   |  |
| Total Earned   | 37.454                        | 31.125   |                     |            |              |        |        |                       |  |  |         |        |        |   |  |
| Less this Application  |                               |  |                     |            |              |        |        |                       |  |  |         |        |        |   |  |
| Balance  | 37.454                        | 31.125   |                     |            |              |        |        |                       |  |  |         |        |        |   |  |
| 7.c APPROVED FOR:<br>____ day(s) with pay    ____ day(s) without pay<br>Others (Specify): _____  |                               | 7.d DISAPPROVED due to: _____  |                     |            |              |        |        |                       |  |  |         |        |        |   |  |
| <b>EDGARDO E. TULIN</b><br>(Printed Name and Signature)<br>University President  |                               |  |                     |            |              |        |        |                       |  |  |         |        |        |   |  |