



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)
DARI	Atok	Jo Jane	Daisog
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
06/08/2022	Instructor I		

6. DETAILS OF APPLICATION

<p>6.a TYPE OF LEAVE TO BE AVAILED OF:</p> <p><input type="checkbox"/> Adoption <input checked="" 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 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</p> <p>Others: _____</p>	<p>6.b DETAILS OF LEAVE:</p> <p>In case of vacation/Special Privilege leave: <input type="checkbox"/> Within the Philippines : <input type="checkbox"/> Abroad (Pls. Specify) :</p> <p>In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input type="checkbox"/> Out Patient (Pls. Specify) :</p> <p>In case of Special Leave Benefits for Women: (Specify Illness)</p> <p>In case of Study leave: <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review</p> <p>Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave</p>
<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p><u>1 day</u> Inclusive Dates 06/09/2022 - 06/09/2022</p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p><u>ATOK JO JANE D.</u> (Signature of Applicant)</p>

7. DETAILS OF ACTION ON APPLICATION

<p>7.a CERTIFICATION OF LEAVE CREDITS</p> <p>AS of: <u>June 2022</u></p> <table border="1"> <tr> <td></td> <td>Vacation Leave</td> <td>Sick Leave</td> </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> <p>REGINA C. BIBERA Office of the Head of Payroll and Leave Benefits</p>		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			<p>7.b RECOMMENDATION:</p> <p><input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:</p> <p><u>MA. THERESA P. LORETO</u> College of Arts and Sciences</p>
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
<p>7.c APPROVED FOR:</p> <p>____ day(s) with pay ____ day(s) without pay Others (Specify):</p>	<p>7.d DISAPPROVED due to:</p>												

EDGARDO E. TULIN
 (Printed Name and Signature)
 University President



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
Jo Jane D. Atok		Advanced Research and Innovation Center		June 8, 2022
Subject(s) Taught	Class Schedule	No. of Students	Arrangement for classes missed/ to be missed	
ScTs 11c- Science Technology & Society, Lec	1:00-4:00, TTh	13	Online class will be conducted	
Reason(s) of: On Leave a. Leave: Date(s): <u>June 9, 2022</u> ___ Vacation ___ Sick ___ others (Pls. specify) <u>Mandatory/Force leave</u>		b. Travel: Date(s)		
Conforme: Name & Signature of person taking over the classes(s)		Prepared by: <u>JO JANE D. ATOK</u> Name & Signature of Instructor/Professor		
Approved by: <u>MA. THERESA P. LORETO</u> Name & Signature of Immediate Supervisor Date: <u>June 8, 2022</u>				

*to be accomplished in 2 copies