



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) | | | | | | | | | | | | |
| DMet | | Torrion | | Charlindo | Siega | | | | | | | | | | | | |
| 3. DATE OF FILING | | 4. POSITION | | 5. SALARY (Monthly) | | | | | | | | | | | | | |
| 01/12/2022 | | Instructor I | | | | | | | | | | | | | | | |
| 6. DETAILS OF APPLICATION | | | | | | | | | | | | | | | | | |
| 6.a TYPE OF LEAVE TO BE AVAILED OF: | | | 6.b DETAILS OF LEAVE: | | | | | | | | | | | | | | |
| <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 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 checked="" 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: _____ | | | 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"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave | | | | | | | | | | | | | | |
| 6.c NUMBER OF WORKING DAYS APPLIED FOR | | | 6.d COMMUTATION | | | | | | | | | | | | | | |
| 2 days Inclusive Dates 01/13/2022 - 01/14/2022 | | | <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested Signature of Applicant TORRION, CHARLINDO S. | | | | | | | | | | | | | | |
| 7. DETAILS OF ACTION ON APPLICATION | | | | | | | | | | | | | | | | | |
| 7.a CERTIFICATION OF LEAVE CREDITS | | | 7.b RECOMMENDATION: | | | | | | | | | | | | | | |
| AS of: January 2022 | | | | | | | | | | | | | | | | | |
| <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> | | | | Vacation Leave | Sick Leave | Total Earned | | | Less this Application | | | Balance | | | <input checked="" type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: DANIEL C. LOR Department of Meteorology | | |
| | Vacation Leave | Sick Leave | | | | | | | | | | | | | | | |
| Total Earned | | | | | | | | | | | | | | | | | |
| Less this Application | | | | | | | | | | | | | | | | | |
| Balance | | | | | | | | | | | | | | | | | |
| 7.c APPROVED FOR: | | | 7.d DISAPPROVED due to: | | | | | | | | | | | | | | |
| day(s) with pay _____ day(s) without pay _____ Others (Specify): _____ | | | | | | | | | | | | | | | | | |
| Office of the Director for Human Resource Management HONEY SOFIA V. COLIS EDGARDO E. TULIN (Printed Name and Signature) University President | | | | | | | | | | | | | | | | | |