

APPLICATION FOR LEAVE

1.OFFICE/AGENCY	2. NAME (Last) (First) (Middle)								
VISAYAS STATE UNIVERSITY	BENITEZ CECILIO MONTEROLA								
3.DATE OF FILING: September 24, 2020	4. POSITION: ADM. AIDE I		5.SALARY						
6.DETAILS OF APPLICATION									
6.a TYPE OF LEAVE : <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (specify) <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify)		6.b. WHERE LEAVE WILL BE SPENT (1) In case of Vacation Leave <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____ _____ (2) In case of Sick Leave <input type="checkbox"/> In hospital (specify) <input type="checkbox"/> Out-Patient (specify) _____ _____							
6.c NUMBER OF WORKING DAYS APPLIED FOR 10 DAYS ONLY Inclusive Dates: <div style="text-align: center; margin-top: 10px;">MONETIZATION</div>		6.d COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested <div style="text-align: center; margin-top: 10px;">CECILIO M. BENITEZ</div> (Signature of Applicant)							
7. DETAILS OF ACTION ON APPLICATION									
7.a CERTIFICATION OF LEAVE CREDITS as of _____ Number of Days <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Vacation</td> <td style="padding: 5px;">Sick</td> <td style="padding: 5px;">Total</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table> <div style="text-align: center; margin-top: 20px;">HONEY SOFIA V. COLIS</div> Head, RSP-PRO		Vacation	Sick	Total				7.b RECOMMENDATION: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to : _____ _____ _____ <div style="text-align: center; margin-top: 20px;">ELIZA D. ESPINOSA</div> Authorized Official	
Vacation	Sick	Total							
7.c APPROVED FOR: _____ days with pay _____ days without pay Others (specify) _____ _____		7.d DISAPPROVED due to: _____ _____							
EDGARDO E. TULIN (Printed Name and Signature) University President Date: _____									
INSTRUCTION									
<ol style="list-style-type: none"> 1. Application for vacation or sick leave for one full day or more shall be made on this Form and to be accomplished at least in duplicate. 2. Application for vacation leave shall be filed in advance or whenever possible five (5) days before going on such leave. 3. Application for sick leave filed in advance or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by the applicant. 4. An employee who is absent without approved leave shall not be entitled to receive his/her salary corresponding to the period of his/her authorized leave of absence. 5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities. 									