



Republic of the Philippines  
VISAYAS STATE UNIVERSITY  
Visca, Baybay City, Leyte

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>NARC, VSU</b>	2. NAME : (Last) <b>PIAMONTE,</b>	(First) <b>ROBELYN</b>	(Middle) <b>TORTILLAS</b>
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3. DATE OF FILING <u>December 23, 2021</u>	4. POSITION <u>Asst Prof 4</u>	5. SALARY _____
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### 6. DETAILS OF APPLICATION

<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b> <input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input checked="" type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552)  Others: _____	<b>6.B DETAILS OF LEAVE</b>  <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____  <i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____  <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____  <i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review  <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave
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<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> <u>1 day 5 days 1</u>  <b>INCLUSIVE DATES</b> Dec 24 (AM), Dec 31 (AM), <u>Jan 7, 11, 13, 14</u>	<b>6.D COMMUTATION</b> Not Requested Requested _____ (Signature of Applicant)
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### 7. DETAILS OF ACTION ON APPLICATION

<b>7.A CERTIFICATION OF LEAVE CREDITS</b> As of _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </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>  <b>REGINA BIBERA, Am. Officer II</b> (Authorized Officer)		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b> For approval _____ For disapproval due to _____  <div style="text-align: center;">   <b>ROSA OPHELIA D. VELARDE</b>          Director for Research          (Authorized Officer)       </div>
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													

<b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay _____ others (Specify) _____	<b>7.D DISAPPROVED DUE TO:</b> _____ _____ _____
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**EDGARDO E. GULIN**  
 President  
 (Authorized Official)