



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last) (First) (Middle)													
Office of the Dean of Students	Tauy Christie Cyrene	Taganas												
3. DATE OF FILING <u>December 10, 2021</u>	4. POSITION <u>Guidance Counselor</u>	5. SALARY _____												
6. DETAILS OF APPLICATION														
6.A TYPE OF LEAVE TO BE AVAILED OF <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 checked="" 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 type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552) Others: _____		6.B DETAILS OF LEAVE <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												
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>one day</u> INCLUSIVE DATES <u>November 2, 2021</u>		6.D COMMUTATION Not Requested Requested <u> </u> (Signature of Applicant)												
7. DETAILS OF ACTION ON APPLICATION														
7.A CERTIFICATION OF LEAVE CREDITS 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> <p style="text-align: center;">REGINA BIBERA, Adm. Officer II (Authorized Officer)</p>			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval <input checked="" type="checkbox"/> For disapproval due to _____ <div style="text-align: center;"> MANOLO B. LORETO, JR. Dean of Students (Authorized Officer) </div>
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____		7.D DISAPPROVED DUE TO: _____ _____ _____												
<div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> EDGARDO E. TULIN President (Authorized Official) </div> </div>														