



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)												
IASO	Cruz	Maria Teresa	Aco												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
08/15/2023	Internal Auditor IV														
6. DETAILS OF APPLICATION															
6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <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 checked="" type="checkbox"/> Vacation Others: _____		6.b DETAILS OF LEAVE: In case of vacation/Special Privilege leave: <input checked="" type="checkbox"/> Within the Philippines : <u>Cavite</u> <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"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR <div style="text-align: center;"> <u>2 days</u> Inclusive Dates 08/17/2023 - 08/18/2023 </div>		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <div style="text-align: center;"> CRUZ, MARIA TERESA A. (Signature of Applicant) </div>													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>August 2023</u> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;">Vacation Leave</td> <td style="width: 33%;">Sick Leave</td> </tr> <tr> <td>Total Earned</td> <td>88.293</td> <td>191.7</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>86.293</td> <td>191.700</td> </tr> </table> <div style="text-align: center;"> FLORANTE G. DIDAL Payroll and Leave Benefits Office </div>			Vacation Leave	Sick Leave	Total Earned	88.293	191.7	Less this Application			Balance	86.293	191.700	7.b RECOMMENDATION: <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: _____ <div style="text-align: center;"> EDGARDO E. TULIN Office of the President </div>	
	Vacation Leave	Sick Leave													
Total Earned	88.293	191.7													
Less this Application															
Balance	86.293	191.700													
7.c APPROVED FOR: ____ day(s) with pay ____ day(s) without pay Others (Specify): _____		7.d DISAPPROVED due to: _____													
EDGARDO E. TULIN _____ (Printed Name and Signature) University President															