



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT **Office of the Director for Instruction and Evaluation** 2. NAME : (Last) **AURE** (First) **MA. RACHEL KIM** (Middle) **LOCAYON**

3. DATE OF FILING **April 22, 2022** 4. POSITION **Associate Professor I** 5. SALARY _____

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF

- ☐ Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
☐ Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
☐ Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
☐ Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
☐ Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)
☐ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
☐ Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
☐ Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
☐ 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)
☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
☐ Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)
☒ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
☐ Adoption Leave (R.A. No. 8552)

Others: _____

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

Within the Philippines _____

Abroad (Specify) _____

In case of Sick Leave:

In Hospital (Specify Illness) _____

Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

In case of Study Leave:

Completion of Master's Degree

BAR/Board Examination Review

Other purpose:

Monetization of Leave Credits

Terminal Leave

6.C NUMBER OF WORKING DAYS APPLIED FOR One (1) day

INCLUSIVE DATES

April 25, 2022

6.D COMMUTATION

Not Requested

Requested

MA. RACHEL KIM L. AURE

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

REGINA BIBERA, Adm. Officer II

(Authorized Officer)

7.B RECOMMENDATION

For approval

For disapproval due to _____

BEATRIZ S. BELONIAS

(Authorized Officer)

7.C APPROVED FOR:

_____ days with pay
_____ days without pay
_____ others (Specify)

7.D DISAPPROVED DUE TO:

EDGARDO E. TULIN
President

(Authorized Official)