



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT NARC, VSU	2. NAME : (Last) (First) (Middle) SARAO, GW JESSE MARGOT ALVIN E	3. DATE OF FILING 04/26/2012	4. POSITION ASST PR OF	5. SALARY
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6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILABLE OF	6.B DETAILS OF LEAVE
☐ 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 (RA No. 11210 / IRR issued by CSC, DOLE and SSS) ☐ Paternity Leave (RA 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 (RA No. 8552)	Others: In case of Special Leave Benefits for Women: Within the Philippines _____ Abroad (Specify) _____ In case of Sick Leave: In Hospital (Specify illness) _____ Out Patient (Specify illness) _____ 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: Within the Philippines _____ Abroad (Specify) _____ 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	6.D COMMUTATION
INCLUSIVE DATES 1 DAY APRIL 24, 2012	Requested _____ Not Requested _____ (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS	7.B RECOMMENDATION									
As of _____ <table border="1"> <tr> <td>Total Earned</td> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <tr> <td>Less this application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </table> REGINA BIBERA, Am. Officer II (Authorized Officer)	Total Earned	Vacation Leave	Sick Leave	Less this application			Balance			For approval _____ For disapproval due to _____ ROBelyn T. DIAMONTE Director, NARC (Authorized Officer)
Total Earned	Vacation Leave	Sick Leave								
Less this application										
Balance										

7.C APPROVED FOR:	7.D DISAPPROVED DUE TO:
days with pay _____ days without pay _____ others (Specify) _____	_____ _____ _____

EDGARDO E. TULIN President (Authorized Official)
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