

## Republic of the Philippines

Stamp of Date of Receipt

## VISAYAS STATE UNIVERSITY Visca, Baybay City, Leyte

## APPLICATION FOR LEAVE

4. POSITION 6. LED OF:	Associate Production of A		5. SALARY (Monthly)
6. .ED OF:	Associate Pro	APPLICATION	5. SALARY (Monthly)
ED OF:		APPLICATION	
ED OF:	DETAILS OF A	T	
	Hallan M	6.b DETAILS O	
ble to father/al			F LEAVE:
y) omen	other  med aven karne re muturing en a	□ Within the □ Abroad (Pls  In case of Sick □ In Hospital ❷ Out Patient  In case of Spec (Specify Illness  In case of Stud □ BAR/Board □ Completion	leave: (Pls. Specify): (Pls. Specify): (Pls. Specify): Home to rest (fial Leave Benefits for Women: (fine)) (fine)
6.c NUMBER OF WORKING DAYS APPLIED FOR			0.00 to 1.00 t
1 day Inclusive Dates 11/15/2024 - 11/15/2024			NUÑEZ, LILIAN B.  (Signature of Applicant)
7. DETA	ILS OF ACTIO	N ON APPLICA	ΓΙΟΝ
CREDITS	_ %( )	7.b RECOMME	NDATION:
cation Leave	Sick Leave	☐ For Appro	oval
32.249	398.875	☐ For Disco	proval due to
20.240	207.075	L For Disap	provar due to:
32.249	397.875		
G. DIDAL			ROTACIO S. GRAVOSO
Payroll and Leave Benefits Office			the Vice President for Academic Affairs
7.c APPROVED FOR:  day(s) with pay Others (Specify):  day(s) without pay			VED due to:
	s. 2005) S. APPLIED FOR Dates 11/15/2024  7. DETA CREDITS  cation Leave 32.249  32.249  G. DIDAL Benefits Office	s. 2005) S APPLIED FOR Dates 11/15/2024  7. DETAILS OF ACTIO CREDITS  cation Leave Sick Leave 32.249 398.875  32.249 397.875  G. DIDAL Benefits Office	Specify Illness   Specify I