



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)
<b>VSUMO</b>	<b>Joya</b>	<b>Mary Ann</b>	<b>Duran</b>
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
<b>03/28/2023</b>	<b>Guesthouse Caretaker</b>		

**6. DETAILS OF APPLICATION****6.a TYPE OF LEAVE TO BE AVAILED OF:**

- ☐ Adoption  
☐ Mandatory/Force  
☐ Maternity - 7 days Transferable to father/alternate caregiver  
☐ Maternity - additional 15 days for single mother  
☒ Monetization  
☐ Parental (Solo Parent)  
☐ Paternity  
☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)  
☐ Sabbatical  
☐ Sick  
☐ Special Emergency (Calamity)  
☐ Special Leave Benefits for women  
☐ Special Leave Privilege  
☐ Study  
☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)  
☐ Vacation

Others: \_\_\_\_\_

**6.b DETAILS OF LEAVE:**

In case of vacation/Special Privilege leave:

- ☐ Within the Philippines :  
☐ Abroad (Pls. Specify) :

In case of Sick leave:

- ☐ In Hospital (Pls. Specify) :  
☐ Out Patient (Pls. Specify) :

In case of Special Leave Benefits for Women:  
(Specify illness)

In case of Study leave:

- ☐ BAR/Board Examination Review  
☐ Completion of Master's Degree  
☐ Completion of Doctorate Degree  
☐ Completion of PHD Degree

Other purpose:

- ☐ Monetization of Leave Credits  
☐ Terminal Leave

**6.c NUMBER OF WORKING DAYS APPLIED FOR****30 days**

Inclusive Dates

**6.d COMMUTATION**

- ☒ Requested    ☐ Not Requested

**JOYA MARY ANN D.**

(Signature of Applicant)

**7. DETAILS OF ACTION ON APPLICATION****7.a CERTIFICATION OF LEAVE CREDITS**AS of: **March 2023**

	Vacation Leave	Sick Leave
Total Earned	42.719	183.917
Less this Application		
Balance	42.719	183.917

**HONEY SOFIA V. COLIS**

Office of the Director for Human Resource Management

**7.b RECOMMENDATION:**

- ☐ For Approval

- ☐ For Disapproval due to:

**EDGARDO E. TULIN**

VSU Manila Office

**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