



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT **Department of Economics** 2. NAME : (Last) **BULAYOG** (First) **ERNESTO** (Middle) **F.**

3. DATE OF FILING **Dec. 1, 2022** 4. POSITION **Assoc. Professor** 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:

Monetization

#### 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

10 days

INCLUSIVE DATES \_\_\_\_\_

#### 6.D COMMUTATION

Not Requested \_\_\_\_\_

Requested \_\_\_\_\_

**ERNESTO F. BULAYOG**

(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 \_\_\_\_\_

**MARIA HAZEL I. BELLEZAS**

Office/Dept./Unit \_\_\_\_\_

(Authorized Officer)

#### 7.C APPROVED FOR:

\_\_\_\_\_ days with pay  
\_\_\_\_\_ days without pay  
\_\_\_\_\_ others (Specify) \_\_\_\_\_

#### 7.D DISAPPROVED DUE TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDGARDO E. TULIN**  
President