



Visca, Baybay City, Leyte

[Stamp of Date of Receipt]

## APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
<b>FARMI</b>	<b>Garcia</b>	<b>Pastor</b>	<b>Pasturan</b>												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
<b>07/19/2022</b>	<b>Associate Professor IV</b>														
<b>6. DETAILS OF APPLICATION</b>															
6.a TYPE OF LEAVE TO BE AVAILED OF:  <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/> Maternity - additional 15 days for single mother <input type="checkbox"/> Monetization <input type="checkbox"/> Parental (Solo Parent) <input type="checkbox"/> Paternity <input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sabbatical <input checked="" type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privilege <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Vacation  Others: _____		6.b DETAILS OF LEAVE:  In case of vacation/Special Privilege leave: <input type="checkbox"/> Within the Philippines : <input type="checkbox"/> Abroad (Pls. Specify) :  In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input checked="" type="checkbox"/> Out Patient (Pls. Specify) : <u>House</u>  In case of Special Leave Benefits for Women: (Specify Illness)  In case of Study leave: <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review  Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR  <div style="text-align: center;"> <u>1 day</u>              Inclusive Dates               07/18/2022 - 07/18/2022           </div>		6.d COMMUTATION  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <div style="text-align: right;"> <b>GARCIA, PASTOR P.</b>              _____              (Signature of Applicant)           </div>													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>July 2022</u>  <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 40%;"></td> <td style="width: 30%;">Vacation Leave</td> <td style="width: 30%;">Sick Leave</td> </tr> <tr> <td>Total Earned</td> <td>1.25</td> <td>269.944</td> </tr> <tr> <td>Less this Application</td> <td></td> <td>1</td> </tr> <tr> <td>Balance</td> <td>1.250</td> <td>268.944</td> </tr> </table>  <div style="text-align: center;"> <b>REGINA C. BIBERA</b>              _____              Office of the Head of Payroll and Leave Benefits           </div>			Vacation Leave	Sick Leave	Total Earned	1.25	269.944	Less this Application		1	Balance	1.250	268.944	7.b RECOMMENDATION:  <input checked="" type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:  <div style="text-align: right;"> <b>DHENBER C. LUSANTA</b>              _____              Farm Resource Management Institute           </div>	
	Vacation Leave	Sick Leave													
Total Earned	1.25	269.944													
Less this Application		1													
Balance	1.250	268.944													
7.c APPROVED FOR: <u>1</u> day(s) with pay    ___ day(s) without pay Others (Specify):		7.d DISAPPROVED due to:													
<b>EDGARDO E. TULIN</b> _____ (Printed Name and Signature) University President															