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) |
|---|---|---|---|
| **Eco-FARMI** | **Milan** | **Vanessa May** | **Belarmino** |

| 3. DATE OF FILING | 4. POSITION | 5. SALARY (Monthly) |
|---|---|---|
| **02/21/2024** | **Administrative Aide IV** | |

### 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 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) : at home

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**

1 day
Inclusive Dates

02/20/2024 - 02/20/2024

**6.d COMMUTATION**

☒ Requested        ☐ Not Requested

**MILAN, VANESSA MAY B.**
(Signature of Applicant)

### 7. DETAILS OF ACTION ON APPLICATION

**7.a CERTIFICATION OF LEAVE CREDITS**
AS of: February 2024

| | Vacation Leave | Sick Leave |
|---|---|---|
| Total Earned | 0.829 | 7.375 |
| Less this Application | | |
| Balance | 0.829 | 6.375 |

**FLORANTE G. DIDAL**
Payroll and Leave Benefits Office

**7.b RECOMMENDATION:**

☐ For Approval

☐ For Disapproval due to:

**JEROME O. ARRIBADO**
Ecological Farm & Resource Management Institute

**7.c APPROVED FOR:**
____ day(s) with pay ____ day(s) without pay
Others (Specify):

**7.d DISAPPROVED due to:**

**DANIEL LESLIE S. TAN**
(Printed Name and Signature)
University President