



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

| 1. OFFICE/DEPARTMENT ISRDS | 2. NAME : (Last) (First) (Middle) DELIMA, GINA ABREO | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|--------------|--|--|-----------------------|--|--|---------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------|
| 3. DATE OF FILING <u>April 28, 2022</u> | 4. POSITION <u>INSTRUCTOR II</u> 5. SALARY _____ | | | | | | | | | | | | |
| 6. DETAILS OF APPLICATION | | | | | | | | | | | | | |
| 6.A TYPE OF LEAVE TO BE AVAILED OF <input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input checked="" type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552) Others: _____ | 6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines <u>Residence</u> Abroad (Specify) _____ <i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ <i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave | | | | | | | | | | | | |
| 6.C NUMBER OF WORKING DAYS APPLIED FOR <u>5 days</u> INCLUSIVE DATES <u>2, 4-6, 10</u> <u>May 2022</u> | 6.D COMMUTATION Not Requested <input checked="" type="checkbox"/> Requested <u>Gladel</u> (Signature of Applicant) | | | | | | | | | | | | |
| 7. DETAILS OF ACTION ON APPLICATION | | | | | | | | | | | | | |
| 7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td>Total Earned</td><td></td><td></td></tr><tr><td>Less this application</td><td></td><td></td></tr><tr><td>Balance</td><td></td><td></td></tr></tbody></table> REGINA BIBERA, Adm. Officer II (Authorized Officer) | | Vacation Leave | Sick Leave | Total Earned | | | Less this application | | | Balance | | | 7.B RECOMMENDATION For approval For disapproval due to _____ <u>Lilian B. Nuñez</u> (Authorized Officer) |
| | Vacation Leave | Sick Leave | | | | | | | | | | | |
| Total Earned | | | | | | | | | | | | | |
| Less this application | | | | | | | | | | | | | |
| Balance | | | | | | | | | | | | | |
| 7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____ | 7.D DISAPPROVED DUE TO: _____ _____ _____ | | | | | | | | | | | | |
| EDGARDO E. TULIN President _____ (Authorized Official) | | | | | | | | | | | | | |