

**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
Eco-FARMI	Arribado	Jerome	Orcales
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
07/30/2024	Instructor II		

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 Privileges
☐ 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

1 day
Inclusive Dates

08/02/2024 - 08/02/2024

6.d COMMUTATION

- ☒ Requested ☐ Not Requested

ARRIBADO, JEROME O.

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION**7.a CERTIFICATION OF LEAVE CREDITS**

AS of: July 2024

	Vacation Leave	Sick Leave
Total Earned		
Less this Application		
Balance		

FLORANTE G. DIDAL

Payroll and Leave Benefits Office

7.b RECOMMENDATION:

- ☐ For Approval
☐ For Disapproval due to:

SANTIAGO T. PEÑA JR.

Office of the Vice President for Research, Extension and Innovation

7.c APPROVED FOR:

____ day(s) with pay ____ day(s) without pay
Others (Specify):

7.d DISAPPROVED due to:**PROSE IVY G. YEPES**(Printed Name and Signature)
University President