



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____	2. NAME : (Last) (First) (Middle) <div style="text-align: center;">VISTAL PEARL PABROQUEZ</div>													
3. DATE OF FILING _____	4. POSITION <u>Administrative Aide VI</u>	5. SALARY _____												
<b>6. DETAILS OF APPLICATION</b>														
<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b>  <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 type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552)  <i>Others:</i> <u>MONETIZATION</u>		<b>6.B DETAILS OF LEAVE</b>  <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ 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> <b>Monetization of Leave Credits</b> Terminal Leave												
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> <u>10 days</u> INCLUSIVE DATES _____		<b>6.D COMMUTATION</b> Not Requested Requested <u><i>[Signature]</i></u> PEARL P. VISTAL (Signature of Applicant)												
<b>7. DETAILS OF ACTION ON APPLICATION</b>														
<b>7.A CERTIFICATION OF LEAVE CREDITS</b> 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> <div style="text-align: center;"><b>REGINA BIBERA, Am. Officer II</b> (Authorized Officer)</div>			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b> For approval For disapproval due to _____ _____ _____  <div style="text-align: center;"><b>LORINA A. GALVEZ</b> Office/Dept./Unit (Authorized Officer)</div>
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
<b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay _____ others (Specify) _____		<b>7.D DISAPPROVED DUE TO:</b> _____ _____ _____												
 <b>EDGARDO E. TULIN</b> President (Authorized Official)														