



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

Stamp of Date of  
Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT INSTITUTE OF TROPICAL ECOLOGY & ENVIRONMENTAL MANAGEMENT (ITEEM)	2. NAME : (Last) (First) (Middle) ESPINOSA ELIZA DADOLE													
3. DATE OF FILING <u>April 5, 2022</u>	4. POSITION <u>ASSOC. PROF I</u>	5. SALARY _____												
<b>6. DETAILS OF APPLICATION</b>														
<div style="display: flex;"><div style="flex: 1; padding: 5px;"><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 checked="" 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)  Others: _____ <div style="text-align: center;">SLP</div></div><div style="flex: 1; padding: 5px;"><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> Monetization of Leave Credits Terminal Leave</div></div>														
<div style="display: flex;"><div style="flex: 1; padding: 5px;"><b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> <u>1 (one) day only</u> <b>INCLUSIVE DATES</b> <u>April 6, 2022</u></div><div style="flex: 1; padding: 5px;"><b>6.D COMMUTATION</b> Not Requested Requested <u>ELIZA D. ESPINOSA</u> (Signature of Applicant)</div></div>														
<b>7. DETAILS OF ACTION ON APPLICATION</b>														
<div style="display: flex;"><div style="flex: 1; padding: 5px;"><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;"><u>REGINA BIBERA, Am. Officer II</u> (Authorized Officer)</div></div><div style="flex: 1; padding: 5px;"><b>7.B RECOMMENDATION</b> For approval For disapproval due to _____ _____ _____ <div style="text-align: center;"><u>DENNIS P. PEQUE</u> (Authorized Officer)</div></div></div>				Vacation Leave	Sick Leave	Total Earned			Less this application			Balance		
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Total Earned														
Less this application														
Balance														
<div style="display: flex;"><div style="flex: 1; padding: 5px;"><b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay _____ others (Specify) _____</div><div style="flex: 1; padding: 5px;"><b>7.D DISAPPROVED DUE TO:</b> _____ _____ _____</div></div>														
<div style="display: flex; justify-content: center; align-items: center;"><div style="text-align: center; margin-right: 20px;"><u>EDGARDO E. TULIN</u> President (Authorized Official)</div></div>														