



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>VSU PAVILION</b>	2. NAME : (Last) <b>Caintic</b>	(First) <b>Lenita</b>	(Middle) <b>Lapasanda</b>
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3. DATE OF FILING <b>Jan.03, 2022</b>	4. POSITION <b>Guesthouse Caretaker</b>	5. SALARY _____
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### 6. DETAILS OF APPLICATION

#### 6.A TYPE OF LEAVE TO BE AVAILED OF

- ☐ Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
- ☐ Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)
- ☐ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Solo Parent Leave (R.A. No. 8972 / CSC MC No. 8, s. 2004)
- ☐ Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ 10-Day VAWC Leave (R.A. No. 9262 / CSC MC No. 15, s. 2005)
- ☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Special Leave Benefits for Women (R.A. No. 9710 / CSC MC No. 25, s. 2010)
- ☒ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- ☐ Adoption Leave (R.A. No. 8552)

Others: \_\_\_\_\_

#### 6.B DETAILS OF LEAVE

*In case of Vacation/Special Privilege Leave:*

Within the Philippines \_\_\_\_\_

Abroad (Specify) \_\_\_\_\_

*In case of Sick Leave:*

In Hospital (Specify Illness) \_\_\_\_\_

Out Patient (Specify Illness) \_\_\_\_\_

*In case of Special Leave Benefits for Women:*

(Specify Illness) \_\_\_\_\_

*In case of Study Leave:*

Completion of Master's Degree

BAR/Board Examination Review

*Other purpose:*

Monetization of Leave Credits

Terminal Leave

#### 6.C NUMBER OF WORKING DAYS APPLIED FOR

5 days

INCLUSIVE DATES

January 11,12,13,14,17, 2022

#### 6.D COMMUTATION

Not Requested

Requested

*H. Caintic*

(Signature of Applicant)

### 7. DETAILS OF ACTION ON APPLICATION

#### 7.A CERTIFICATION OF LEAVE CREDITS

As of \_\_\_\_\_

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

**REGINA BIBERA, Am. Officer II**  
(Authorized Officer)

#### 7.B RECOMMENDATION

For approval

For disapproval due to \_\_\_\_\_

*Josefina M. Larrosa*  
**JOSEFINA M. LARROSA**  
(Authorized Officer)

#### 7.C APPROVED FOR:

\_\_\_\_\_ days with pay  
\_\_\_\_\_ days without pay  
\_\_\_\_\_ others (Specify)

#### 7.D DISAPPROVED DUE TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDGARDO E. TULIN**  
President  
(Authorized Official)