



Republic of the Philippines

VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
DMet	Andan	Charlie	Saldua												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
04/25/2022	Instructor I														
6. DETAILS OF APPLICATION															
6.a TYPE OF LEAVE TO BE AVAILED OF: <div><input type="checkbox"/>Adoption <input type="checkbox"/>Mandatory/Force <input type="checkbox"/>Maternity <input type="checkbox"/>Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/>Maternity - additional 15 days for single mother <input type="checkbox"/>Monetization <input type="checkbox"/>Parental (Solo Parent) <input type="checkbox"/>Paternity <input type="checkbox"/>Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/>Sabbatical <input type="checkbox"/>Sick <input checked="" type="checkbox"/>Special Emergency (Calamity) <input type="checkbox"/>Special Leave Benefits for women <input type="checkbox"/>Special Leave Privilege <input type="checkbox"/>Study <input type="checkbox"/>VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/>Vacation Others: <u>Calamity (Agaton)</u></div>		6.b DETAILS OF LEAVE: In case of vacation/Special Privilege leave: <div><input type="checkbox"/> Within the Philippines : <input type="checkbox"/> Abroad (Pls. Specify) :</div> In case of Sick leave: <div><input type="checkbox"/> In Hospital (Pls. Specify) : <input type="checkbox"/> Out Patient (Pls. Specify) :</div> In case of Special Leave Benefits for Women: (Specify Illness) In case of Study leave: <div><input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review</div> Other purpose: <div><input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave</div>													
6.c NUMBER OF WORKING DAYS APPLIED FOR <div>1 day Inclusive Dates 04/28/2022</div>		6.d COMMUTATION <div><input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested</div> <div>ANDAN, CHARLIE S. _____ (Signature of Applicant)</div>													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>January 2021</u> <table><tr><td></td><td>Vacation Leave</td><td>Sick Leave</td></tr><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></table> <div>HONEY SOFIA V. COLIS _____ Office of the Director for Human Resource Management</div>			Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			7.b RECOMMENDATION: <div><input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: <div>JANNET C. BENCURE _____ Dean, College of Engineering and Technology</div></div>	
	Vacation Leave	Sick Leave													
Total Earned															
Less this Application															
Balance															
7.c APPROVED FOR: <div>____ day(s) with pay ____ day(s) without pay Others (Specify):</div>		7.d DISAPPROVED due to:													
<div>EDGARDO E. TULIN _____ (Printed Name and Signature) University President</div>															