




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)
<b>DA</b>	<b>Cagande</b>	<b>Loreme</b>	<b>Silmaro</b>
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
<b>09/26/2023</b>	<b>Instructor I</b>		

**6. DETAILS OF APPLICATION**

<b>6.a TYPE OF LEAVE TO BE AVAILED OF:</b> <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <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 type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Privilege <input checked="" type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Vacation  Others: _____	<b>6.b DETAILS OF LEAVE:</b> In case of vacation/Special Privilege leave: <input type="checkbox"/> Within the Philippines : <input type="checkbox"/> Abroad (Pls. Specify) :  In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input type="checkbox"/> Out Patient (Pls. Specify) :  In case of Special Leave Benefits for Women: (Specify Illness)  In case of Study leave: <input type="checkbox"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input checked="" type="checkbox"/> Completion of PHD Degree  Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
<b>6.c NUMBER OF WORKING DAYS APPLIED FOR</b>  <u>1096 days</u> Inclusive Dates  <u>08/29/2023 - 08/28/2026</u>	<b>6.d COMMUTATION</b> <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested   <b>CAGANDE, LOREME S.</b> _____ (Signature of Applicant)

**7. DETAILS OF ACTION ON APPLICATION**

<b>7.a CERTIFICATION OF LEAVE CREDITS</b> AS of: <u>September 2023</u> <table border="1" data-bbox="135 1518 810 1664"> <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> <b>FLORANTE G. DIDAL</b> Payroll and Leave Benefits Office		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			<b>7.b RECOMMENDATION:</b> <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:   <b>DIONESIO M. BAÑOC</b> Department of Agronomy
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
<b>7.c APPROVED FOR:</b> ____ day(s) with pay    ____ day(s) without pay Others (Specify):	<b>7.d DISAPPROVED due to:</b>												

**EDGARDO E. TULIN**
 \_\_\_\_\_  
 (Printed Name and Signature)  
 University President