



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT NARC, VSU	2. NAME : (Last) <u>PLEROS</u> (First) <u>MARY CATH</u> (Middle) <u>FLORES</u>
3. DATE OF FILING <u>May 12, 2022</u>	4. POSITION <u>Instructor I</u>
5. SALARY <u>SG 12</u>	

6. TYPE OF LEAVE TO BE AVAILABLE 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 (RA No. 11210 / IRR issued by CSC, DOLE and SSS) ☐ Paternity Leave (RA 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 (RA 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 (RA 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 (RA No. 9710 / CSC MC No. 25, s. 2010) ☐ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) ☐ Adoption Leave (RA No. 8652)										
Others: _____										
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>3</u>	6.D COMMUTATION Requested _____ Not Requested _____ (Signature of Applicant) <u>Mary C. Flores</u>									
7. DETAILS OF ACTION ON APPLICATION										
7.A CERTIFICATION OF LEAVE CREDITS										
As of _____ <table border="1"> <tr> <td>Total Earned</td> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <tr> <td>Less this application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </table>		Total Earned	Vacation Leave	Sick Leave	Less this application			Balance		
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Less this application										
Balance										
7.B RECOMMENDATION For approval _____ For disapproval due to _____ (Authorized Officer) <u>ROBERTO T. PIAMONTE</u> Director, NARC										
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____ (Authorized Official) <u>EDGARDO E. TULIN</u> President										
7.D DISAPPROVED DUE TO: _____										