



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>ITEEM</b>	<b>Bande</b>	<b>Marlito Jose</b>	<b>Modina</b>
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
<b>07/24/2024</b>	<b>Associate Professor IV</b>		

**6. DETAILS OF APPLICATION**

6.a TYPE OF LEAVE TO BE AVAILED OF:  <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 checked="" type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privileges <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Vacation  Others: _____	6.b DETAILS OF LEAVE:  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 checked="" type="checkbox"/> Out Patient (Pls. Specify) : <u>Home</u>  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 type="checkbox"/> Completion of PHD Degree  Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
6.c NUMBER OF WORKING DAYS APPLIED FOR  <b>3 days</b> Inclusive Dates  <b>07/19/2024 - 07/23/2024</b>	6.d COMMUTATION  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <b>BANDE, MARLITO JOSE M.</b> (Signature of Applicant)

**7. DETAILS OF ACTION ON APPLICATION**

7.a CERTIFICATION OF LEAVE CREDITS AS of: July 2024 <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> <b>FLORANTE G. DIDAL</b> Payroll and Leave Benefits Office		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			7.b RECOMMENDATION:  <input type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:  <b>THOMAS A. PATINDOL</b> Institute of Tropical Ecology & Envi. Mgmt. 7/24/24
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
7.c APPROVED FOR: ____ day(s) with pay    ____ day(s) without pay Others (Specify):	7.d DISAPPROVED due to:												

**PROSE IVY G. YEPES**(Printed Name and Signature)  
University President