




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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>Soil Science</b>	2. NAME : (Last) (First) (Middle) <b>JADINA BEATRIZ CUEVAS</b>												
3. DATE OF FILING <b>August 31, 2021</b>	4. POSITION <b>Professor</b> 5. SALARY _____												
<b>6. DETAILS OF APPLICATION</b>													
6.A TYPE OF LEAVE TO BE AVAILED OF <input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (R.A. No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (R.A. No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (R.A. No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552)  Others: _____ CDO _____	6.B DETAILS OF LEAVE  <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____  <i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____ _____  <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ _____  <i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review  <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave												
6.C NUMBER OF WORKING DAYS APPLIED FOR <b>Three &amp; half (3 &amp; 1/2) days</b>  INCLUSIVE DATES  <b>Aug 2 (1/2 day), Aug 4 (1/2 day), Aug 9 (1/2 day), Aug 11 (1/2 day), Aug 16 (1/2 day), Aug 18 (1/2 day), Aug 20 (1/2 day)</b>	6.D COMMUTATION  / Not Requested Requested   (Signature of Applicant)												
<b>7. DETAILS OF ACTION ON APPLICATION</b>													
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><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></tbody></table> <b>REGINA BIBERA, Am. Officer II</b> (Authorized Officer)		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ _____ _____   <b>SUZETTE B. LINA</b> Head, DSS
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													
7.C APPROVED FOR: ____ days with pay ____ days without pay ____ others (Specify)	7.D DISAPPROVED DUE TO: _____ _____ _____												
 <b>EDGARDO E. TULIN</b> President (Authorized Official)													