



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>FARMI</b>	<b>Gabunada</b>	<b>Fe</b>	<b>Macavinta</b>
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
<b>11/16/2022</b>	<b>Professor VI</b>		

**6. DETAILS OF APPLICATION****6.a TYPE OF LEAVE TO BE AVAILED OF:**

- ☐ Adoption  
☐ Mandatory/Force  
☐ Maternity  
☐ Maternity - 7 days Transferable to father/alternate caregiver  
☐ Maternity - additional 15 days for single mother  
☐ Monetization  
☐ Parental (Solo Parent)  
☐ Paternity  
☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)  
☐ Sabbatical  
☐ Sick  
☐ Special Emergency (Calamity)  
☐ Special Leave Benefits for women  
☐ Special Leave Privilege  
☐ Study  
☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)  
☐ Vacation

Others: Educational Tour (Aborad)**6.b DETAILS OF LEAVE:**

In case of vacation/Special Privilege leave:

- ☐ Within the Philippines :  
☐ Abroad (Pls. Specify) :

In case of Sick leave:

- ☐ In Hospital (Pls. Specify) :  
☐ Out Patient (Pls. Specify) :

In case of Special Leave Benefits for Women:  
(Specify Illness)

In case of Study leave:

- ☐ BAR/Board Examination Review  
☐ Completion of Master's Degree  
☐ Completion of Doctorate Degree  
☐ Completion of PHD Degree

Other purpose:

- ☐ Monetization of Leave Credits  
☐ Terminal Leave

**6.c NUMBER OF WORKING DAYS APPLIED FOR**5 days

Inclusive Dates

12/05/2022 - 12/09/2022**6.d COMMUTATION**

- ☒ Requested    ☐ Not Requested

GABUNADA, FE M.

(Signature of Applicant)

**7. DETAILS OF ACTION ON APPLICATION****7.a CERTIFICATION OF LEAVE CREDITS**AS of: November 2022

	Vacation Leave	Sick Leave
Total Earned		
Less this Application		
Balance		

**REGINA C. BIBERA**

Office of the Head of Payroll and Leave Benefits

**7.b RECOMMENDATION:**

- ☐ For Approval  
☐ For Disapproval due to:

**DHENBER C. LUSANTA**

Ecological Farm Resource &amp; Management Institute

**7.c APPROVED FOR:**

\_\_\_ day(s) with pay    \_\_\_ day(s) without pay

Others (Specify):

**7.d DISAPPROVED due to:****EDGARDO E. TULIN**(Printed Name and Signature)  
University President