



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT OVPAA		2. NAME : (Last) ANTIPASO (First) CONNEL (Middle) DIESTRO		4. POSITION EPS II		5. SALARY ₱ 0.00							
3. DATE OF FILING Jan. 3, 2022													
6. DETAILS OF APPLICATION													
6.A TYPE OF LEAVE TO BE AVAILED OF Others: _____ ☐ 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 (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) ☐ Paternity Leave (R.A. 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 (R.A. 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 (R.A. 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 (R.A. No. 9710 / CSC MC No. 25, s. 2010) ☒ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) ☐ Adoption Leave (R.A. No. 8552)				6.B DETAILS OF LEAVE In case of Vacation/Special Privilege Leave: _____ Within the Philippines _____ Abroad (Specify) _____ In case of Sick Leave: _____ In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____ In case of Special Leave Benefits for Women: _____ (Specify Illness) _____ In case of Study Leave: _____ Completion of Master's Degree _____ BAR/Board Examination Review _____ Other purpose: _____ Monetization of Leave Credits _____ Terminal Leave _____									
6.C NUMBER OF WORKING DAYS APPLIED FOR 3.5 days INCLUSIVE DATES Dec. 22, 28-29, 31 am, 2021				6.D COMMUTATION Requested _____ Not Requested _____ (Signature of Applicant) _____									
7. DETAILS OF ACTION ON APPLICATION													
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Earned</td> <td></td> </tr> <tr> <td>Less this application</td> <td></td> </tr> <tr> <td>Balance</td> <td></td> </tr> </table> REGINA BIBERA, Adm. Officer II (Authorized Officer)				Total Earned		Less this application		Balance		7.B RECOMMENDATION For approval _____ For disapproval due to _____ BEATRIZ S. BELONIAS Vice President for Academic Affairs (Authorized Officer)			
Total Earned													
Less this application													
Balance													
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____				7.D DISAPPROVED DUE TO: _____ _____ _____ EDGARDO E. TULIN President (Authorized Official)									