



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>ISRDS</b>	<b>DAYONDON</b>	<b>RHEA ANGELIE</b>	<b>FERNANDEZ</b>												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
<b>03/29/2023</b>	<b>Administrative Aide III</b>														
<b>6. DETAILS OF APPLICATION</b>															
<b>6.a TYPE OF LEAVE TO BE AVAILED OF:</b> <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 checked="" 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 type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privilege <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Vacation Others: _____		<b>6.b DETAILS OF LEAVE:</b> 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 type="checkbox"/> Out Patient (Pls. Specify) :  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													
<b>6.c NUMBER OF WORKING DAYS APPLIED FOR</b> <b>10 days</b> Inclusive Dates _____		<b>6.d COMMUTATION</b> <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <b>DAYONDON, RHEA ANGELIE F.</b> (Signature of Applicant)													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
<b>7.a CERTIFICATION OF LEAVE CREDITS</b> AS of: <u>March 2023</u> <table border="1"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td>34.156</td> <td>29.833</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>34.156</td> <td>29.833</td> </tr> </tbody> </table> <b>HONEY SOFIA V. COLIS</b> Office of the Director for Human Resource Management			Vacation Leave	Sick Leave	Total Earned	34.156	29.833	Less this Application			Balance	34.156	29.833	<b>7.b RECOMMENDATION:</b> <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:   <b>LILIAN B. NUÑEZ</b> Institute for Strategic Research & Development Studies	
	Vacation Leave	Sick Leave													
Total Earned	34.156	29.833													
Less this Application															
Balance	34.156	29.833													
<b>7.c APPROVED FOR:</b> ___ day(s) with pay    ___ day(s) without pay Others (Specify): _____		<b>7.d DISAPPROVED due to:</b> _____													
<b>EDGARDO E. TULIN</b> (Printed Name and Signature) University President															