
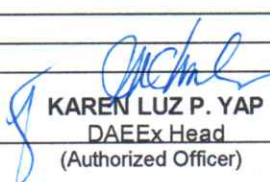




Republic of the Philippines
VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT DAEEEx	2. NAME :	(Last) BALES	(First) MILAGROS	(Middle) CASINILLO												
3. DATE OF FILING <u>January 4, 2022</u>																
4. POSITION <u>Associate Professor V</u>																
5. SALARY _____																
6. DETAILS OF APPLICATION																
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 (RA 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 (RA 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 (RA 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: <u>MONETIZATION</u>			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 _____ INCLUSIVE DATES _____			6.D COMMUTATION Not Requested 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;"><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> REGINA BIBERA, Am. Officer II _____ (Authorized Officer)				Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ _____  KAREN LUZ P. YAP DAEEEx Head _____ (Authorized Officer)	
	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: _____ _____ _____													
 EDGARDO E. TULIN President _____ (Authorized Official)																



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT DAEEx	2. NAME : (Last) BALIÑA	(First) FATIMA	(Middle) TOLIBAS												
3. DATE OF FILING <u>January 4, 2022</u>															
4. POSITION <u>Associate Professor II</u>		5. SALARY _____													
6. DETAILS OF APPLICATION															
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 (RA 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 (RA 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 (RA 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: <u>MONETIZATION</u>		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> <input checked="" type="checkbox"/> Monetization of Leave Credits Terminal Leave													
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>10 days</u> INCLUSIVE DATES _____		6.D COMMUTATION Not Requested Requested <u><i>Justine T. Balina</i></u> (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;"><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> REGINA BIBERA, Am. Officer II (Authorized Officer)			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ <u><i>KAREN LUZ P. YAP</i></u> DAEEx Head (Authorized Officer)	
	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: _____ _____ _____													
 EDGARDO E. TULIN President _____ (Authorized Official)															



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)												
DAEEEx	CUADRA	LIJUERAJ	JUEGO												
3. DATE OF FILING <u>January 4, 2022</u>	4. POSITION <u>Associate Professor V</u>	5. SALARY _____													
6. DETAILS OF APPLICATION															
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 (RA 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 (RA 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 (RA 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: _____ <div style="text-align: center;">MONETIZATION</div>		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 <div style="text-align: center;"><u>10 days</u></div> _____ INCLUSIVE DATES _____ _____		6.D COMMUTATION Not Requested Requested _____ <div style="text-align: right;"> (Signature of Applicant)</div>													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="width: 50%;">Vacation Leave</th><th style="width: 50%;">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> <div style="text-align: center;">REGINA BIBERA, Am. Officer II _____ (Authorized Officer)</div>			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ _____ _____ <div style="text-align: right;"> KAREN LUZ Y. TEVES DAEEEx Head (Authorized Officer)</div>	
	Vacation Leave	Sick Leave													
Total Earned															
Less this application															
Balance															
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) <div style="text-align: center;">EDGARDO E. TULIN President _____ (Authorized Official)</div>		7.D DISAPPROVED DUE TO: _____ _____ _____													