



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>Eco-FARMI</b>	2. NAME : (Last) (First) (Middle) <b>PAGALAN, LILIBETH VICTORIA, P.</b>
3. DATE OF FILING <b>January 18, 2022</b>	4. POSITION <b>Administrative Aide. IV</b> 5. SALARY <b>₱ 0.00</b>

  

6. DETAILS OF APPLICATION	
<p>6.A TYPE OF LEAVE TO BE AVAILED OF</p> <p><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</p> <p><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</p> <p><input checked="" type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</p> <p><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</p> <p><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</p> <p><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</p> <p>Others: _____</p>	<p>6.B DETAILS OF LEAVE</p> <p><i>In case of Vacation/Special Privilege Leave:</i></p> <p>Within the Philippines <u>Residence</u></p> <p>Abroad (Specify) _____</p> <p><i>In case of Sick Leave:</i></p> <p>In Hospital (Specify Illness) _____</p> <p>Out Patient (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Special Leave Benefits for Women:</i></p> <p>(Specify Illness) _____</p> <p>_____</p> <p><i>In case of Study Leave:</i></p> <p>Completion of Master's Degree</p> <p>BAR/Board Examination Review</p> <p><i>Other purpose:</i></p> <p>Monetization of Leave Credits</p> <p>Terminal Leave</p>
<p>6.C NUMBER OF WORKING DAYS APPLIED FOR</p> <p><u>2 days</u></p> <p>INCLUSIVE DATES</p> <p><u>January 27-28, 2022</u></p>	<p>6.D COMMUTATION</p> <p>Not Requested</p> <p>Requested <u><i>Lilibeth Pagalan</i></u></p> <p><u>LILIBETH VICTORIA P. PAGALAN</u></p> <p>(Signature of Applicant)</p>

  

7. DETAILS OF ACTION ON APPLICATION													
<p>7.A CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <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> <p><b>REGINA BIBERA, Adm. Officer II</b></p> <p>(Authorized Officer)</p>		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<p>7.B RECOMMENDATION</p> <p>For approval</p> <p>For disapproval due to _____</p> <p>_____</p> <p><b>DHENBER C. LUSANTA</b></p> <p>OIC, ECO-FARMI</p> <p>(Authorized Officer)</p>
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													
<p>7.C APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p>7.D DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p> <p>_____</p>												

  

<p><b>EDGARDO E. TULIN</b></p> <p>President</p> <p>(Authorized Official)</p>
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