



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT: Office of the Vice Pres for Academic Affairs	2. NAME: (Last) BELONIAS	(First) BEATRIZ	(Middle) SATENTES												
3. DATE OF FILING: April 19, 2022	4. POSITION: VP / Professor	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 EO No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (RA No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (RA No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing EO 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"/> Ten-Day VAWC Leave (RA No. 9262/CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing EO No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710/CSC MC No. 25, s.2010) <input checked="" type="checkbox"/> Special Emergency/Calamity Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552) <input type="checkbox"/> Others: _____		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) _____ <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 One (1) Day INCLUSIVE DAYS April 19, 2022		6.D COMMUTATION Not Requested Requested BEATRIZ S. BELONIAS (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS AS OF _____ <table border="0"><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 C. BIBERA Administrative Officer II (Authorized Officer)			Vacation Leave	Sick Leave	Total Earned	_____	_____	Less this application	_____	_____	Balance	_____	_____	7.B RECOMMENDATION For approval For disapproval due to _____ EDGARDO E. TULIN President (Authorized Official)	
	Vacation Leave	Sick Leave													
Total Earned	_____	_____													
Less this application	_____	_____													
Balance	_____	_____													
7.C APPROVED FOR ____ day(s) with pay ____ day(s) without pay ____ others (specify) _____		7.D DISAPPROVED DUE TO _____ _____ _____													
EDGARDO E. TULIN President (Authorized Official)															