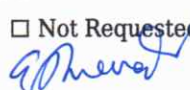




Republic of the Philippines
VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
DOPAC	Quevedo	Elizabeth	Sombilon												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
03/23/2023	Associate Professor V														
6. DETAILS OF APPLICATION															
6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity <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: _____		6.b DETAILS OF LEAVE: 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													
6.c NUMBER OF WORKING DAYS APPLIED FOR <u>10 days</u> Inclusive Dates		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  QUEVEDO, ELIZABETH S. (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS 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>37.911</td><td>103.5</td></tr><tr><td>Less this Application</td><td></td><td></td></tr><tr><td>Balance</td><td>37.911</td><td>103.500</td></tr></tbody></table> HONEY SOFIA V. COLIS Office of the Director for Human Resource Management			Vacation Leave	Sick Leave	Total Earned	37.911	103.5	Less this Application			Balance	37.911	103.500	7.b RECOMMENDATION: <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: MA. THERESA P. LORETO College of Arts and Sciences	
	Vacation Leave	Sick Leave													
Total Earned	37.911	103.5													
Less this Application															
Balance	37.911	103.500													
7.c APPROVED FOR: ____ day(s) with pay ____ day(s) without pay Others (Specify):		7.d DISAPPROVED due to:													
 EDGARDO E. TULIN (Printed Name and Signature) University President															