



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)
IASO	Cruz	Maria Teresa	Aco
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
08/15/2023	Internal Auditor IV		

6. DETAILS OF APPLICATION

<p>6.a TYPE OF LEAVE TO BE AVAILED OF:</p> <p><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 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 checked="" type="checkbox"/> Vacation</p> <p>Others: _____</p>	<p>6.b DETAILS OF LEAVE:</p> <p>In case of vacation/Special Privilege leave: <input checked="" type="checkbox"/> Within the Philippines : Cavite <input type="checkbox"/> Abroad (Pls. Specify) :</p> <p>In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input type="checkbox"/> Out Patient (Pls. Specify) :</p> <p>In case of Special Leave Benefits for Women: (Specify Illness)</p> <p>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</p> <p>Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave</p>
<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p>0.5 days Inclusive Dates 08/16/2023 - 08/16/2023</p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p>CRUZ, MARIA TERESA A. _____ (Signature of Applicant)</p>

7. DETAILS OF ACTION ON APPLICATION

<p>7.a CERTIFICATION OF LEAVE CREDITS</p> <p>AS of: August 2023</p> <table border="1"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td>88.293</td> <td>191.7</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>87.793</td> <td>191.700</td> </tr> </tbody> </table> <p>FLORANTE G. DIDAL _____ Payroll and Leave Benefits Office</p>		Vacation Leave	Sick Leave	Total Earned	88.293	191.7	Less this Application			Balance	87.793	191.700	<p>7.b RECOMMENDATION:</p> <p><input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:</p> <p>EDGARDO E. TULIN _____ Office of the President</p>
	Vacation Leave	Sick Leave											
Total Earned	88.293	191.7											
Less this Application													
Balance	87.793	191.700											
<p>7.c APPROVED FOR:</p> <p>____ day(s) with pay ____ day(s) without pay Others (Specify):</p>	<p>7.d DISAPPROVED due to:</p>												

EDGARDO E. TULIN

(Printed Name and Signature)
University President