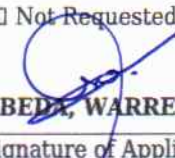



Republic of the Philippines  
**VISAYAS STATE UNIVERSITY**  
Visca, Baybay City, Leyte

Stamp of Date of Receipt

**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
<b>Eco-FARMI</b>	<b>OBEDA</b>	<b>WARREN</b>	<b>LUZARES</b>												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
<b>12/13/2024</b>	<b>Instructor III</b>														
<b>6. DETAILS OF APPLICATION</b>															
6.a TYPE OF LEAVE TO BE AVAILED OF:  <input type="checkbox"/> Adoption <input checked="" 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"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privileges <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>5 days</u> Inclusive Dates  12/19/2024 - 12/27/2024		6.d COMMUTATION  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested   <b>OBEDA, WARREN L.</b> (Signature of Applicant)													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>December 2024</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>3.415</td><td>4.458</td></tr><tr><td>Less this Application</td><td></td><td></td></tr><tr><td>Balance</td><td>3.415</td><td>4.458</td></tr></tbody></table> <b>FLORANTE G. DIDAL</b> Payroll and Leave Benefits Office			Vacation Leave	Sick Leave	Total Earned	3.415	4.458	Less this Application			Balance	3.415	4.458	7.b RECOMMENDATION:  <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:   <b>JEROME O. ARRIBADO</b> Eco-Farm & Resource Management Institute	
	Vacation Leave	Sick Leave													
Total Earned	3.415	4.458													
Less this Application															
Balance	3.415	4.458													
7.c APPROVED FOR: ____ day(s) with pay    ____ day(s) without pay Others (Specify):		7.d DISAPPROVED due to:													
 <b>PROSE IVY G. YEPES</b> (Printed Name and Signature) University President															