



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) <b>MILAN</b>	(First) <b>VANESSA MAY</b>	(Middle) <b>BELARMINO</b>
3. DATE OF FILING <u><b>JULY 15, 2024</b></u>	4. POSITION <u><b>ADMIN AIDE IV</b></u>	5. SALARY _____	

### 6. DETAILS OF APPLICATION

<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b> <input type="checkbox"/> <b>Vacation Leave</b> (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Mandatory/Forced Leave</b> (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Sick Leave</b> (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Maternity Leave</b> (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> <b>Paternity Leave</b> (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> <b>Special Privilege Leave</b> (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Solo Parent Leave</b> (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> <b>Study Leave</b> (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>10-Day VAWC Leave</b> (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> <b>Rehabilitation Privilege</b> (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Special Leave Benefits for Women</b> (RA No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> <b>Special Emergency (Calamity) Leave</b> (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> <b>Adoption Leave</b> (R.A. No. 8552)  <i>Others:</i> <u>TERMINAL LEAVE</u>	<b>6.B DETAILS OF LEAVE</b>  <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 Illness) _____  <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
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b>  _____ INCLUSIVE DATES _____	<b>6.D COMMUTATION</b>  Not Requested Requested <div style="text-align: center;">             (Signature of Applicant)         </div>

### 7. DETAILS OF ACTION ON APPLICATION

<b>7.A CERTIFICATION OF LEAVE CREDITS</b> As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Vacation Leave</th> <th style="width: 35%;">Sick Leave</th> </tr> <tr> <td><i>Total Earned</i></td> <td></td> <td></td> </tr> <tr> <td><i>Less this application</i></td> <td></td> <td></td> </tr> <tr> <td><i>Balance</i></td> <td></td> <td></td> </tr> </table> <div style="text-align: center; margin-top: 20px;"> <b>FLORENTO G. DIDAL</b>            (Authorized Officer)         </div>		Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>			<b>7.B RECOMMENDATION</b>  For approval For disapproval due to _____ _____ <div style="text-align: center; margin-top: 20px;">   <b>JEROME O. ARRIBADO</b>            (Authorized Officer)         </div>
	Vacation Leave	Sick Leave											
<i>Total Earned</i>													
<i>Less this application</i>													
<i>Balance</i>													

<b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay _____ others (Specify)	<b>7.D DISAPPROVED DUE TO:</b> _____ _____ _____
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PROSE IVY G. YEPES  
President  
(Authorized Official)