



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <p style="text-align: center;">AGRONOMY</p>	2. NAME : (Last) (First) (Middle) <p style="text-align: center;">GORNE PELLO DELBINA</p>												
3. DATE OF FILING <u>4/29/22</u>	4. POSITION <u>Ag. Insp 4</u> 5. SALARY _____												
6. DETAILS OF APPLICATION													
6.A TYPE OF LEAVE TO BE AVAILED OF <div style="margin-top: 5px;"><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</div> <div style="margin-top: 5px;"><input checked="" type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</div> <div style="margin-top: 10px;"><u>Others:</u> _____</div>	6.B DETAILS OF LEAVE <div style="margin-top: 5px;"><i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____</div> <div style="margin-top: 5px;"><i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____</div> <div style="margin-top: 10px;"><i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____</div> <div style="margin-top: 10px;"><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</div>												
6.C NUMBER OF WORKING DAYS APPLIED FOR <p style="text-align: center;"><u>4 days</u></p> INCLUSIVE DATES <p style="text-align: center;"><u>Mon. 4-6, 2022</u></p>	6.D COMMUTATION Not Requested Requested <input checked="" type="checkbox"/> <div style="text-align: right; margin-top: 10px;"> (Signature of Applicant)</div>												
7. DETAILS OF ACTION ON APPLICATION													
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><tr><td style="width: 30%;"></td><td style="width: 35%; text-align: center;">Vacation Leave</td><td style="width: 35%; text-align: center;">Sick Leave</td></tr><tr><td style="text-align: center;"><i>Total Earned</i></td><td></td><td></td></tr><tr><td style="text-align: center;"><i>Less this application</i></td><td></td><td></td></tr><tr><td style="text-align: center;"><i>Balance</i></td><td></td><td></td></tr></table> <div style="text-align: center; margin-top: 10px;">REGINA BIBERA, Adm. Officer II (Authorized Officer)</div>		Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>			7.B RECOMMENDATION For approval For disapproval due to _____ <div style="text-align: center; margin-top: 10px;"> RUTH O. ESCASINAS Office/Dept./Unit (Authorized Officer)</div>
	Vacation Leave	Sick Leave											
<i>Total Earned</i>													
<i>Less this application</i>													
<i>Balance</i>													
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____	7.D DISAPPROVED DUE TO: _____ _____												
EDGARDO E. TULIN President (Authorized Official)													