



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>DSS</b>	<b>Capricho</b>	<b>Joserose</b>	<b>Bandalan</b>												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
<b>05/04/2022</b>	<b>Administrative Aide IV</b>														
<b>6. DETAILS OF APPLICATION</b>															
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 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: <u>Calamity(Agathon)</u>		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"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review  Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR <u>4 days</u> Inclusive Dates 05/02/2022 - 05/06/2022		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <div style="text-align: center;"> <u><b>CAPRICHIO, JOSE ROSE B.</b></u>          (Signature of Applicant)       </div>													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>May 2022</u> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td>86.175</td> <td>182.945</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>86.175</td> <td>182.945</td> </tr> </tbody> </table> <div style="text-align: center;"> <u><b>HONEY SOFIA V. COLIS</b></u>          Office of the Director for Human Resource Management       </div>			Vacation Leave	Sick Leave	Total Earned	86.175	182.945	Less this Application			Balance	86.175	182.945	7.b RECOMMENDATION:  <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:  <div style="text-align: center;"> <u><b>SUZETTE B. LINA</b></u>          Department of Soil Science       </div>	
	Vacation Leave	Sick Leave													
Total Earned	86.175	182.945													
Less this Application															
Balance	86.175	182.945													
7.c APPROVED FOR: ___ day(s) with pay    ___ day(s) without pay Others (Specify):		7.d DISAPPROVED due to:													
<u><b>EDGARDO E. TULIN</b></u> (Printed Name and Signature) University President															