



APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
NARC	Flores	Ma. Zaida	Arradaza
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
06/22/2022	Administrative Aide III		

6.a TYPE OF LEAVE TO BE AVAILED OF:		6.b DETAILS OF LEAVE:	
☐ Adoption ☐ Mandatory/Force ☐ Maternity ☐ Maternity - 7 days Transferable to father/alternate caregiver ☐ Maternity - additional 15 days for single mother ☐ Monevization ☐ Parental (Solo Parent) ☐ Paternity ☐ Rehabilitation (Sec. 35, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☒ Sabbatical ☒ Sick ☐ Special Emergency (Calamity) ☐ Special Leave Benefits for women ☐ Special Leave Privilege ☐ Study ☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) ☐ Vacation Others: _____		In case of vacation/Special Privilege leave: ☐ Within the Philippines : ☐ Abroad (Pls. Specify) : In case of Sick leave: ☐ In Hospital (Pls. Specify) : ☒ Out Patient (Pls. Specify) : cough In case of Special Leave Benefits for Women: (Specify Illness) In case of Study leave: ☐ Completion of Master's Degree ☐ BAR/Board Examination Review Other purpose: ☐ Monetization of Leave Credits ☐ Terminal Leave	

6.c NUMBER OF WORKING DAYS APPLIED FOR		6.d COMMUTATION	
Inclusive Dates 06/21/2022 - 06/21/2022		☒ Requested ☐ Not Requested (Signature of Applicant) FLORES, MA. ZAIDA A.	

7.a CERTIFICATION OF LEAVE CREDITS		7.b RECOMMENDATION:													
AS of: June 2022 <table border="1"> <tr> <td></td> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <tr> <td>Total Earned</td> <td>33.3</td> <td>87.105</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>33.300</td> <td>87.105</td> </tr> </table>			Vacation Leave	Sick Leave	Total Earned	33.3	87.105	Less this Application			Balance	33.300	87.105	REGINA C. BIBERA Office of the Head of Payroll and Leave Benefits ☐ For Approval ☐ For Disapproval due to:	
	Vacation Leave	Sick Leave													
Total Earned	33.3	87.105													
Less this Application															
Balance	33.300	87.105													

7.c APPROVED FOR:	7.d DISAPPROVED due to:
day(s) with pay _____ day(s) without pay _____ Others (Specify):	

EDGARDO E. TULIN
(Printed Name and Signature)
University President