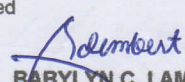
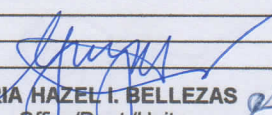
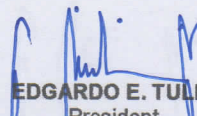


Stamp of Date of Receipt

1. OFFICE/DEPARTMENT <b>Department of Economics</b>		2. NAME : (Last) (First) (Middle) <b>LAMBERT BABYLYN C.</b>													
3. DATE OF FILING <b>Dec. 24, 2021</b>		4. POSITION <b>Instructor II</b> 5. SALARY _____													
<b>6. DETAILS OF APPLICATION</b>															
6.A TYPE OF LEAVE TO BE AVAILED OF  <input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input checked="" type="checkbox"/> <b>Mandatory/Forced Leave</b> (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave(R.A. No. 8552)  <i>Others:</i> _____		6.B DETAILS OF LEAVE  <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													
6.C NUMBER OF WORKING DAYS APPLIED FOR <b>3.5 days</b>  INCLUSIVE DATES <b>Dec. 27-29 &amp; 31 (am), 2021</b>		6.D COMMUTATION  Not Requested Requested  <b>BABYLYN C. LAMBERT</b> (Signature of Applicant)													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.A CERTIFICATION OF LEAVE CREDITS  As of _____ <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;"></td><td style="width:35%;">Vacation Leave</td><td style="width:35%;">Sick Leave</td></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>  <b>REGINA BIBERA, Adm. Officer II</b> (Authorized Officer)			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 _____  _____   <b>MARIA HAZEL I. BELLEZAS</b> Office/Dept/Unit (Authorized Officer)	
	Vacation Leave	Sick Leave													
<i>Total Earned</i>															
<i>Less this application</i>															
<i>Balance</i>															
7.C APPROVED FOR:  <u>3.5</u> days with pay _____ days without pay _____ others (Specify)		7.D DISAPPROVED DUE TO:													
 <b>EDGARDO E. TULIN</b> President															