



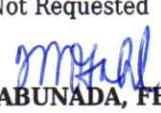
Republic of the Philippines
VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Stamp of Date of Receipt


APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
FARMI	Gabunada	Fe	Macavinta
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
01/18/2023	Professor VI		

6. DETAILS OF APPLICATION

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 checked="" 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: _____	6.b DETAILS OF LEAVE: In case of vacation/Special Privilege leave: <input checked="" type="checkbox"/> Within the Philippines : A <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"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
6.c NUMBER OF WORKING DAYS APPLIED FOR <u>2 days</u> Inclusive Dates 01/18/2023 - 01/19/2023	6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  GABUNADA, FE M. (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>January 2023</u> <table border="1"> <tr> <td></td> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <tr> <td>Total Earned</td> <td></td> <td></td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </table> REGINA C. BIBERA Office of the Head of Payroll and Leave Benefits		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			7.b RECOMMENDATION: <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:  DHENBER C. LUSANTA Ecological Farm Resource & Management Institute
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
7.c APPROVED FOR: ____ day(s) with pay ____ day(s) without pay Others (Specify): _____	7.d DISAPPROVED due to: _____												

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