

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT: Office of the Vice Pres for Academic Affairs		2. NAME: (last) VALENZONA		2. NAME: (first) ERLINDA		2. NAME: (middle) SANTIAGO	
3. DATE OF FILING January 03, 2022		4. POSITION Admin Aide III		5. SALARY			
6. DETAILS OF APPLICATION							
6.A TYPE OF LEAVE TO BE AVAILED OF ☐ Vacation Leave (Sec.51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Mandatory/Forced Leave (Sec.25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Maternity Leave (RA No. 11210 / IRR issued by CSC, DOLE and SSS) ☐ Paternity Leave (RA No. 8187 / CSC MC No. 71, s. 1998, as amended) ☐ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) ☐ Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☒ Ten-Day VAWC Leave (RA No. 9262/CSC MC No. 15, s. 2005) ☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Special Leave Benefits for Women (RA No. 9710/CSC MC No. 25, s.2010) ☐ Special Emergency/Calamity Leave (CSC MC No. 2, s. 2012, as amended) ☐ Adoption Leave (R.A. No. 8552) ☐ Others:		6.B DETAILS OF LEAVE In case of Vacation/Special Privilege Leave: Within the Philippines _____ Abroad (specify) _____ In case of Sick Leave: In Hospital (specify illness) _____ Out Patient (specify illness) _____ In case of Special Leave Benefits for Women: (Specify) _____ 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 One (1) Day INCLUSIVE DAYS December 23, 2021 _____		6.D COMMUTATION Not Requested _____ Requested _____ (Signature of Applicant) _____					
7.A CERTIFICATION OF LEAVE CREDITS AS OF _____ Total Earned _____ Less this application _____ Balance _____		7. DETAILS OF ACTION ON APPLICATION 7.B RECOMMENDATION For approval _____ For disapproval due to _____ BEATRIZ S. BELONIAS Vice President for Academic Affairs (Authorized Officer)					
7.C APPROVED FOR day(s) with pay _____ day(s) without pay _____ others (specify) _____		EDGARDO E. TULIN President (Authorized Official)					