



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)
ITEEM	Bande	Marlito Jose	Modina
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
02/20/2023	Associate Professor IV		

## 6. DETAILS OF APPLICATION

<b>6.a TYPE OF LEAVE TO BE AVAILED OF:</b> <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: _____	<b>6.b DETAILS OF LEAVE:</b> In case of vacation/Special Privilege leave: <input checked="" type="checkbox"/> Within the Philippines : <u>Cebu</u> <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
<b>6.c NUMBER OF WORKING DAYS APPLIED FOR</b> 3 days Inclusive Dates 03/01/2023 - 03/03/2023	<b>6.d COMMUTATION</b> <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <b>BANDE, MARLITO JOSE M.</b> (Signature of Applicant)

## 7. DETAILS OF ACTION ON APPLICATION

<b>7.a CERTIFICATION OF LEAVE CREDITS</b> AS of: <u>February 2023</u> <table border="1"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <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> </tbody> </table> <b>REGINA C. BIBERA</b> Office of the Head of Payroll and Leave Benefits		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			<b>7.b RECOMMENDATION:</b> <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: _____  <b>ELIZA D. ESPINOSA</b> Institute of Tropical Ecology & Envi. Mgmt.
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
<b>7.c APPROVED FOR:</b> ____ day(s) with pay    ____ day(s) without pay Others (Specify): _____	<b>7.d DISAPPROVED due to:</b> _____												

EDGARDO E. TULIN

(Printed Name and Signature)  
University President