



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)
<b>DSS</b>	<b>Capricho</b>	<b>Joserose</b>	<b>Bandalan</b>
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
<b>05/25/2022</b>	<b>Administrative Aide IV</b>		

**6. DETAILS OF APPLICATION**

<p>6.a TYPE OF LEAVE TO BE AVAILED OF:</p> <p><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 checked="" type="checkbox"/> Sick  <input type="checkbox"/> Special Emergency (Calamity)  <input type="checkbox"/> Special Leave Benefits for women  <input 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</p> <p>Others: _____</p>	<p>6.b DETAILS OF LEAVE:</p> <p>In case of vacation/Special Privilege leave:  <input type="checkbox"/> Within the Philippines :  <input type="checkbox"/> Abroad (Pls. Specify) :</p> <p>In case of Sick leave:  <input type="checkbox"/> In Hospital (Pls. Specify) :  <input checked="" type="checkbox"/> Out Patient (Pls. Specify) : <u>in the residence</u></p> <p>In case of Special Leave Benefits for Women:          (Specify illness)</p> <p>In case of Study leave:  <input type="checkbox"/> Completion of Master's Degree  <input type="checkbox"/> BAR/Board Examination Review</p> <p>Other purpose:  <input type="checkbox"/> Monetization of Leave Credits  <input type="checkbox"/> Terminal Leave</p>
<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p><u>1 day</u>          Inclusive Dates          05/24/2022 - 05/24/2022</p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested    <input type="checkbox"/> Not Requested</p> <p><u>CAPRICHIO, JOSE ROSE B.</u>          (Signature of Applicant)</p>

**7. DETAILS OF ACTION ON APPLICATION**

<p>7.a CERTIFICATION OF LEAVE CREDITS          AS of: <u>May 2022</u></p> <table border="1"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td>87.05</td> <td>183.82</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>87.050</td> <td>182.82</td> </tr> </tbody> </table> <p><b>REGINA C. BIBERA</b>          Office of the Head of Payroll and Leave Benefits</p>		Vacation Leave	Sick Leave	Total Earned	87.05	183.82	Less this Application			Balance	87.050	182.82	<p>7.b RECOMMENDATION:</p> <p><input type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:</p> <p><u>SUZETTE B. LINA</u>          Department of Soil Science</p>
	Vacation Leave	Sick Leave											
Total Earned	87.05	183.82											
Less this Application													
Balance	87.050	182.82											
<p>7.c APPROVED FOR:</p> <p>___ day(s) with pay    ___ day(s) without pay          Others (Specify):</p>	<p>7.d DISAPPROVED due to:</p>												

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