

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) |
| NARC | Gumba | Bertulfo | Moreno |
| 3. DATE OF FILING | 4. POSITION | 5. SALARY (Monthly) | |
| 03/24/2023 | Laboratory Technician I | | |

6. DETAILS OF APPLICATION

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| 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 checked="" 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 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 type="checkbox"/> Within the Philippines : <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 20 days Inclusive Dates | 6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested GUMBA, BERTULFO M. (Signature of Applicant) |

7. DETAILS OF ACTION ON APPLICATION

| 7.a CERTIFICATION OF LEAVE CREDITS AS of: March 2023 <table border="1"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td>Total Earned</td><td>32.574</td><td>166.25</td></tr><tr><td>Less this Application</td><td></td><td></td></tr><tr><td>Balance</td><td>32.574</td><td>166.250</td></tr></tbody></table> HONEY SOFIA V. COLIS Office of the Director for Human Resource Management | | Vacation Leave | Sick Leave | Total Earned | 32.574 | 166.25 | Less this Application | | | Balance | 32.574 | 166.250 | 7.b RECOMMENDATION: <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: RONEL B. ARMECIN National Abaca Research Center |
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| | Vacation Leave | Sick Leave | | | | | | | | | | | |
| Total Earned | 32.574 | 166.25 | | | | | | | | | | | |
| Less this Application | | | | | | | | | | | | | |
| Balance | 32.574 | 166.250 | | | | | | | | | | | |
| 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