



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) | | | | | | | | | | | | |
|--|--------------------|---|----------------|------------|--------------|--|--|-----------------------|--|--|---------|--|--|--|--|
| DOE | Bulayog | Ma. Salome | Binongo | | | | | | | | | | | | |
| 3. DATE OF FILING | 4. POSITION | 5. SALARY (Monthly) | | | | | | | | | | | | | |
| 08/04/2022 | Professor I | | | | | | | | | | | | | | |
| 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 : <u>Baybay</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"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave | | | | | | | | | | | | | |
| 6.c NUMBER OF WORKING DAYS APPLIED FOR <p style="text-align: center;"><u>1 day</u> Inclusive Dates 07/04/2022 - 07/04/2022</p> | | 6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <p style="text-align: center;"><i>mg</i> BULAYOG, MA. SALOME B. (Signature of Applicant)</p> | | | | | | | | | | | | | |
| 7. DETAILS OF ACTION ON APPLICATION | | | | | | | | | | | | | | | |
| 7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>August 2022</u> <table border="1" style="width: 100%;"> <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> <p style="text-align: center;">REGINA C. BIBERA Office of the Head of Payroll and Leave Benefits</p> | | | 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: <p style="text-align: center;"><i>h r p</i> MARIA HAZEL I. BELLEZAS Department of Economics</p> | |
| | 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: _____ | | | | | | | | | | | | | |
| <p><i>h r p</i> EDGARDO E. TULIN (Printed Name and Signature) University President</p> | | | | | | | | | | | | | | | |