



Republic of the Philippines  
VISAYAS STATE UNIVERSITY  
Visca, Baybay City, Leyte

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>Institute of Human Kinetics</b>	2. NAME : (Last) (First) (Middle) <b>CAPUNO, JOSE V.</b>													
3. DATE OF FILING: <b>May 02, 2022</b>														
4. POSITION <b>Admin. Aide</b> 5. SALARY _____														
<b>6. DETAILS OF APPLICATION</b>														
<div style="display: flex;"><div style="flex: 1; padding: 5px;"><b>6.A TYPE OF LEAVE TO BE AVAILED OF</b> <input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <b>Mandatory/Forced Leave</b>(Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input checked="" type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave(R.A. No. 8552)  Others: _____</div><div style="flex: 1; padding: 5px;"><b>6.B DETAILS OF LEAVE</b> <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____ <i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____  <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____  <i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave</div></div>														
<div style="display: flex;"><div style="flex: 1; padding: 5px;"><b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> <u>Four (4) working days</u> <b>INCLUSIVE DATES</b> <u>May 4-10, 2022</u></div><div style="flex: 1; padding: 5px;"><b>6.D COMMUTATION</b> Not Requested Requested <div style="text-align: center;"> (Signature of Applicant)</div></div></div>														
<b>7. DETAILS OF ACTION ON APPLICATION</b>														
<div style="display: flex;"><div style="flex: 1; padding: 5px;"><b>7.A CERTIFICATION OF LEAVE CREDITS</b> As of _____<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;"></td><td style="width: 35%;">Vacation Leave</td><td style="width: 35%;">Sick Leave</td></tr><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></table> <b>REGINA BIBERA, Am. Officer II</b> (Authorized Officer)</div><div style="flex: 1; padding: 5px;"><b>7.B RECOMMENDATION</b> For approval For disapproval due to _____ <div style="text-align: center;"> <b>CHARIS B. LIMBO</b> Office/Dept./Unit (Authorized Officer)</div></div></div>				Vacation Leave	Sick Leave	Total Earned			Less this application			Balance		
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
<div style="display: flex;"><div style="flex: 1; padding: 5px;"><b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay _____ others (Specify)</div><div style="flex: 1; padding: 5px;"><b>7.D DISAPPROVED DUE TO:</b> _____ _____ _____</div></div> <div style="text-align: center; margin-top: 20px;"><b>EDGARDO E. TULIN</b> President (Authorized Official)</div>														