



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT OC - USHER	2. NAME : (Last) (First) (Middle) REYES MARIA FEDELINA B.										
3. DATE OF FILING Dec 2, 2021											
4. POSITION NURSING ATTENDANT II											
5. SALARY _____											
6. DETAILS OF APPLICATION											
6.A TYPE OF LEAVE TO BE AVAILED OF <input type="checkbox"/> Vacation Leave (Sec 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input checked="" type="checkbox"/> Mandatory/Forced Leave (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 / RR 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 type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave(R.A. No. 8552) <i>Others:</i> _____		6.B DETAILS OF LEAVE <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									
6.C NUMBER OF WORKING DAYS APPLIED FOR 3 days INCLUSIVE DATES Dec. 22, 23 & 24, 2021		6.D COMMUTATION Not Requested Requested _____ (Signature of Applicant)									
7. DETAILS OF ACTION ON APPLICATION											
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">Total Earned</td><td style="width: 33%;">Vacation Leave</td><td style="width: 33%;">Sick Leave</td></tr><tr><td>Less this application</td><td></td><td></td></tr><tr><td>Balance</td><td></td><td></td></tr></table> REGINA BIBERA, Adm. Officer II (Authorized Officer)	Total Earned	Vacation Leave	Sick Leave	Less this application			Balance			7.B RECOMMENDATION For approval _____ For disapproval due to _____ ELWIN JAY V. YU, M.D. Office/Dept./Unit _____ (Authorized Officer)	
Total Earned	Vacation Leave	Sick Leave									
Less this application											
Balance											
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____		7.D DISAPPROVED DUE TO: _____ _____ _____									
 EDGARDO E. TULIN President (Authorized Official)											



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APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT OC - USHER	2. NAME : (Last) BRAGANZA (First) TEODORA DORIS (Middle) P.												
3. DATE OF FILING 8-1-2024	4. POSITION NURSE II 5. SALARY												
6. DETAILS OF APPLICATION													
6.A TYPE OF LEAVE TO BE AVAILED OF <input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input checked="" type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / RRR 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 (R.A. No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 58, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (R.A. 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 (R.A. No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552) Others: _____	6.B DETAILS OF LEAVE <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												
6.C NUMBER OF WORKING DAYS APPLIED FOR 4 days INCLUSIVE DATES Sept. 21, 22, 23 & 24, 2021	6.D COMMUTATION Not Requested Requested Edgar (Signature of Applicant)												
7. DETAILS OF ACTION ON APPLICATION													
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table><tr><td></td><td>Vacation Leave</td><td>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> REGINA BIBERA, Adm. Officer II (Authorized Officer)		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval _____ For disapproval due to _____ ELWIN JAY V. YU, M.D. Office/Dept./Unit _____ (Authorized Officer)
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____ EDGARDO E. TULIN President (Authorized Official)		7.D DISAPPROVED DUE TO: _____ _____ _____											