



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)												
ITEEM	Capin	Orlan	Cabatingan												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
05/12/2022	Administrative Aide III														
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 : slp <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 3 days Inclusive Dates 05/19/2022 - 05/23/2022		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested   CAPIN, ORLAN C. (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: May 2022		7.b RECOMMENDATION:													
<table border="1"><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>			Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			<input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:	
	Vacation Leave	Sick Leave													
Total Earned															
Less this Application															
Balance															
JENNIFER E. ANDO Office of the Head of Recruitment Selection Placement and Personnel Records		ELIZA D. ESPINOSA Institute of Tropical Ecology & Envi. Mgmt.													
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															