



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)
<b>DMet</b>	<b>Andan</b>	<b>Charlie</b>	<b>Saldua</b>
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
<b>12/16/2021</b>	<b>Instructor I</b>		

**6. DETAILS OF APPLICATION**

<b>6.a TYPE OF LEAVE TO BE AVAILED OF:</b> <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 checked="" 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: _____	<b>6.b DETAILS OF LEAVE:</b>  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"/> 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
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<b>6.c NUMBER OF WORKING DAYS APPLIED FOR</b>  5 day Inclusive Dates 12/20/2021 - 12/24/2021	<b>6.d COMMUTATION</b> <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested  <div style="text-align: center;">   <b>ANDAN, CHARLIE S.</b>          (Signature of Applicant)       </div>
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**7. DETAILS OF ACTION ON APPLICATION**

<b>7.a CERTIFICATION OF LEAVE CREDITS</b> AS of: <u>January 2021</u> <table border="1" style="width: 100%;"> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </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> <div style="text-align: center;"> <b>HONEY SOFIA V. COLIS</b>          Office of the Director for Human Resource Management       </div>		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			<b>7.b RECOMMENDATION:</b> <input checked="" type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: _____  <div style="text-align: center;">   <b>DANIEL C. LOR</b>          Department of Meteorology       </div>
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
<b>7.c APPROVED FOR:</b> ___ day(s) with pay    ___ day(s) without pay Others (Specify): _____	<b>7.d DISAPPROVED due to:</b> _____												

**EDGARDO E. TULIN**(Printed Name and Signature)  
University President