



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT		2. NAME : (Last) (First) (Middle)														
VALENZONA, MARIO ASMOLO																
3. DATE OF FILING <u>June 30, 2022</u>		4. POSITION <u>Sci. Aide</u>		5. SALARY _____												
<b>6. DETAILS OF APPLICATION</b>																
<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) <input 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 / 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 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> <u>Terminal Leave</u>		<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 X Terminal Leave														
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b>  _____  INCLUSIVE DATES  _____		<b>6.D COMMUTATION</b>  Not Requested Requested   (Signature of Applicant)														
<b>7. DETAILS OF ACTION ON APPLICATION</b>																
<b>7.A CERTIFICATION OF LEAVE CREDITS</b>  As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><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> <div style="text-align: center; margin-top: 10px;"><b>REGINA BIBERA, Adm. Officer II</b> (Authorized Officer)</div>			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b>  For approval For disapproval due to _____  _____  <div style="text-align: center; margin-top: 10px;"> <b>ROBELYN T. PIAMONTE</b> (Authorized Officer)</div>		
	Vacation Leave	Sick Leave														
Total Earned																
Less this application																
Balance																
<b>7.C APPROVED FOR:</b>  _____ days with pay _____ days without pay _____ others (Specify)		<b>7.D DISAPPROVED DUE TO:</b>    <div style="text-align: center; margin-top: 20px;"><b>EDGARDO E. TULIN</b> President _____ (Authorized Official)</div>														