



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>DA</b>	<b>Cagande</b>	<b>Loreme</b>	<b>Silmaro</b>												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
<b>12/07/2022</b>	<b>Instructor I</b>														
<b>6. DETAILS OF APPLICATION</b>															
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 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: <u>CDO</u>		6.b DETAILS OF LEAVE: 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"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR <u>3 days</u> Inclusive Dates 12/26/2022 - 12/28/2022		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <u>L. P. Cagande</u> <b>CAGANDE, LOREME S.</b> (Signature of Applicant)													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>December 2022</u> <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> <b>REGINA C. BIBERA</b> Office of the Head of Payroll and Leave Benefits			Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			7.b RECOMMENDATION: <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:  <u>Ruth O. Escasinas</u> <b>RUTH O. ESCASINAS</b> Department of Agronomy	
	Vacation Leave	Sick Leave													
Total Earned															
Less this Application															
Balance															
7.c APPROVED FOR: ___ day(s) with pay   ___ day(s) without pay Others (Specify):		7.d DISAPPROVED due to:													
<b>EDGARDO E. TULIN</b> (Printed Name and Signature) University President															

DA-HFL-22-79