



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>Department of Physics</b>	2. NAME : (Last) (First) (Middle) <b>CAGANDE, JEFFREY LLOYD L.</b>												
3. DATE OF FILING <b>07-Jan-22</b> 4. POSITION <b>INSTRUCTOR III</b> 5. SALARY _____													
<b>6. DETAILS OF APPLICATION</b>													
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 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 checked="" 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  <b>2 days</b>  INCLUSIVE DATES  <b>Jan. 10-11, 2022</b>	6.D COMMUTATION  Not Requested Requested  (Signature of Applicant)												
<b>7. DETAILS OF ACTION ON APPLICATION</b>													
7.A CERTIFICATION OF LEAVE CREDITS  As of _____ <table border="1" style="width: 100%; border-collapse: collapse;"><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> <b>REGINA BIBERA, Adm. Officer II</b> (Authorized Officer)		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION  For approval For disapproval due to _____ _____ _____  <b>REV RHIZZA L. AURE</b> Head, DPhys (Authorized Officer)
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													
7.C APPROVED FOR:  ____ 2 ____ days with pay ____ days without pay ____ others (Specify)	7.D DISAPPROVED DUE TO:  _____ _____ _____												
  <b>EDGARDO E. TULIN</b> President (Authorized Official)													