



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

| | | | |
|---|---------------------------------|----------------------------|-------------------------|
| 1. OFFICE/DEPARTMENT Dept. of Business and Management | 2. NAME : (Last) ALACIO | (First) WELLA MARIE | (Middle) DE ASIS |
| 3. DATE OF FILING <u>December 31, 2021</u> | 4. POSITION <u>Instructor I</u> | 5. SALARY _____ | |

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF

- ☐ Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
- ☐ Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)
- ☐ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
- ☐ Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)
- ☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)
- ☐ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- ☐ Adoption Leave (R.A. No. 8552)

Others:

Calamity Leave

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

Within the Philippines _____

Abroad (Specify) _____

In case of Sick Leave:

In Hospital (Specify Illness) _____

Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

In case of Study Leave:

Completion of Master's Degree

BAR/Board Examination Review

Other purpose:

Monetization of Leave Credits

Terminal Leave

6.C NUMBER OF WORKING DAYS APPLIED FOR

5 days

INCLUSIVE DATES

January 10-14, 2022

6.D COMMUTATION

Not Requested

Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

| | Vacation Leave | Sick Leave |
|-----------------------|----------------|------------|
| Total Earned | | |
| Less this application | | |
| Balance | | |

REGINA BIBERA, Am. Officer II

(Authorized Officer)

7.B RECOMMENDATION

For approval

For disapproval due to _____

ANGELITA L. PARADERO

Head, DBM

(Authorized Officer)

7.C APPROVED FOR:

- _____ days with pay
- _____ days without pay
- _____ others (Specify)

7.D DISAPPROVED DUE TO:

EDGARDO E. TULIN

President

(Authorized Official)