



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT OHRA	2. NAME : (Last) Bagarinao, (First) Alex (Middle) P.	3. DATE OF FILING December 27, 2021	4. POSITION Admin. Aide II	5. SALARY P
------------------------------	---	--	-------------------------------	----------------

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: _____	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 2 days INCLUSIVE DATES December 28-29, 2021	6.D COMMUTATION Not Requested Requested _____ (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table><tr><td></td><td>Vacation Leave</td><td>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> REGINA C. BIBERA, Admin. (Authorized Officer/Admin. Officer II)		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ _____ _____ MARIA ROBERTA S. MIRAFLOR (Authorized Officer/ Head, OHRA)
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													

7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify)	7.D DISAPPROVED DUE TO: _____ _____ _____
--	--

EDGARDO E. TULIN
VSU President