



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT **DDC** 2. NAME : (Last) **CAGASAN** (First) **EDITHA** (Middle) **G.**
3. DATE OF FILING **DECEMBER 1, 2021** 4. POSITION **PROFESSOR VI** 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: _____

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

Within the Philippines To attend important family matters

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 2-3, 2021

6.D COMMUTATION

Not Requested

Requested

EDITHA G. CAGASAN

(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		

JENIFER E. ANDO

(Authorized Officer)

7.B RECOMMENDATION

For approval

For disapproval due to _____

VICTOR B. ASIO

(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)