



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT: **DoPAC**

2. NAME: (Last) **QUEVEDO** (First) **ELIZABETH** (Middle) **SOMBILON**

3. DATE OF FILING: **May 10 2022**

4. POSITION: **Assoc. Prof. II**

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 (R.A. 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 (R.A. 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 (R.A. 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

1 day

INCLUSIVE DATES

May 10, 2022

6.D COMMUTATION

Not Requested _____

Requested

Elizabeth S. Quevedo

ELIZABETH S. QUEVEDO

(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, Adm. Officer II

(Authorized Officer)

7.B RECOMMENDATION

For approval _____

For disapproval due to _____

MA. THERESA P. LORETO

Office/Dept./Unit _____

(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)



APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <p style="text-align: center;">DoPAC</p>	2. NAME : (Last) (First) (Middle) <p style="text-align: center;">QUEVEDO ELIZABETH SOMBILON</p>
3. DATE OF FILING <u>May 10 2022</u>	4. POSITION <u>Assoc. Prof. II</u>

6. DETAILS OF APPLICATION

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 checked="" 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 type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552) <i>Others:</i> _____	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
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6.C NUMBER OF WORKING DAYS APPLIED FOR 3 days INCLUSIVE DATES May 11, 12 & 13, 2022	6.D COMMUTATION Not Requested Requested <i>ELIZABETH S. QUEVEDO</i> <p style="text-align: center;">ELIZABETH S. QUEVEDO (Signature of Applicant)</p>
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7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%;">Vacation Leave</th> <th style="width: 30%;">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> <p style="text-align: center; margin-top: 20px;">REGINA BIBERA, Adm. Officer II (Authorized Officer)</p>		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ <p style="text-align: center; margin-top: 20px;">MA. THERESA P. LORETO Office/Dept./Unit (Authorized Officer)</p>
	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: _____ _____ _____
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EDGARDO E. TULIN
 President

 (Authorized Official)



ARRANGEMENT FOR CLASS(ES) MISSED

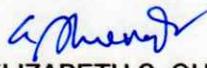
(To be attached to Application for Leave Form and/or Travel Order/Request)

Name of Faculty		Department		Date of Filing
ELIZABETH S. QUEVEDO		DoPAC		May 10, 2022
Subject(s) Taught	Class Schedule	No. of Students	Arrangement for classes missed/ to be missed	
Chem 138 R042 – Biochemistry 2	1:00-2:30TTh	23	Will hold on-line classes as scheduled	
Chem 138 R044 – Biochemistry 2	8:30-10MW	14		
Reason(s) of:				
a. Leave: Date(s) <u>May 10, 2022</u> <input type="checkbox"/> Vacation <input type="checkbox"/> Sick <input type="checkbox"/> others (Pls. specify) _____ <input type="checkbox"/> Calamity (Agathon)		b. Travel: Date(s) _____		
Conforme: NA _____ Name & Signature of person taking over the classes(s)		Prepared by:  ELIZABETH S. QUEVEDO _____ Name & Signature of Instructor/Professor		
Approved by: MA. THERESA P. LORETO _____ Name & Signature of Immediate Supervisor				



ARRANGEMENT FOR CLASS(ES) MISSED

(To be attached to Application for Leave Form and/or Travel Order/Request)

Name of Faculty		Department		Date of Filing
ELIZABETH S. QUEVEDO		DoPAC		May 10, 2022
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Chem 138 R044 – Biochemistry 2	8:30-10MW	14		
Reason(s) of:				
a. Leave: Date(s) <u>May 11, 12, 13, 2022</u> <input type="checkbox"/> Vacation <input type="checkbox"/> Sick <input type="checkbox"/> others (Pls. specify) _____ <input type="checkbox"/> Mandatory/Force		b. Travel: Date(s) _____		
Conforme: NA _____ Name & Signature of person taking over the classes(s)		Prepared by:  ELIZABETH S. QUEVEDO _____ Name & Signature of Instructor/Professor		
Approved by: MA. THERESA P. LORETO _____ Name & Signature of Immediate Supervisor				