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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)
ISRDS	GONZAGA,	ERNESTO, JR.	ALKUINO

3. DATE OF FILING ___Dec. 13, 2021___   4. POSITION ___Administrative Aide 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)
- [X] 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 ___Residence___
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 1/2 days___

INCLUSIVE DATES

___Dec. 1,10 (1/2day) 2021___

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, Adm. Officer II
(Authorized Officer)

7.B RECOMMENDATION

- [ ] For approval
- [ ] For disapproval due to _____

_____

LILIAN B. NUÑEZ
(Authorized Officer)

7.C APPROVED FOR:

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

7.D DISAPPROVED DUE TO:

_____
_____
_____

s. **EDGARDO E. TULIN**
President
_____
(**Authorized Official**)