



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)												
Department of Biotechnology	LORETO	MA. THERESA	P.													
3. DATE OF FILING <u>April 4, 2022</u>	4. POSITION <u>Assoc Prof IV</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) <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														
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>3 days</u> INCLUSIVE DATES _____ April 4-6, 2022		6.D COMMUTATION Not Requested Requested <u>mtplncts</u> _____ (Signature of Applicant)														
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;"> <tr> <th style="width: 40%;"></th> <th style="width: 30%;">Vacation Leave</th> <th style="width: 30%;">Sick Leave</th> </tr> <tr> <td><i>Total Earned</i></td> <td></td> <td></td> </tr> <tr> <td><i>Less this application</i></td> <td></td> <td></td> </tr> <tr> <td><i>Balance</i></td> <td></td> <td></td> </tr> </table> REGINA BIBERA, Am. Officer II _____ (Authorized Officer)			Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>			7.B RECOMMENDATION For approval For disapproval due to _____ _____ _____ BEATRIZ S. BELONIAS VP for Academic Affairs _____ (Authorized Officer)		
	Vacation Leave	Sick Leave														
<i>Total Earned</i>																
<i>Less this application</i>																
<i>Balance</i>																
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify)		7.D DISAPPROVED DUE TO: _____ _____ _____														
EDGARDO E. TULIN President _____ (Authorized Official)																