
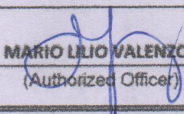




Republic of the Philippines  
VISAYAS STATE UNIVERSITY  
Visca, Baybay City, Leyte

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First) (Middle)												
PHYSICAL PLANT OFFICE	MATIOM, Felipe M.													
3. DATE OF FILING : Dec. 14, 2021	4. POSITION : Foreman	5. SALARY												
<b>6. DETAILS OF APPLICATION</b>														
<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b>														
<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. 8167 / CSC MC No. 71, s. 1998, as amended)														
<input checked="" 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)														
Others: _____														
<b>6.B DETAILS OF LEAVE</b>														
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 _____														
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b>														
5 Days FL      3 Days SPL														
INCLUSIVE DATES														
Dec. 20-24, 2021      Force Leave														
Dec. 27-29, 2021      SPL														
<b>6.D COMMUTATION</b>														
Not Requested														
Requested														
 <b>FELIPE M. MATIOM</b> (Signature of Applicant)														
<b>7. DETAILS OF ACTION ON APPLICATION</b>														
<b>7.A CERTIFICATION OF LEAVE CREDITS</b>														
As of _____														
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;"></td><td style="width: 35%;">Vacation Leave</td><td style="width: 35%;">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>				Vacation Leave	Sick Leave	Total Earned			Less this application			Balance		
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
<b>REGINA BIBERA, Adm. Officer II</b> (Authorized Officer)														
<b>7.B RECOMMENDATION</b>														
For approval														
For disapproval due to _____														
 <b>MARIO LILIO VALENZONA</b> (Authorized Officer)														
<b>7.C APPROVED FOR:</b>														
_____ days with pay														
_____ days without pay														
_____ others (Specify)														
<b>7.D DISAPPROVED DUE TO:</b>														
_____														
_____														
_____														
<b>EDGARDO E. TULIN</b> President (Authorized Official)														