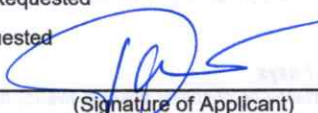
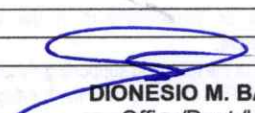




Republic of the Philippines  
**VISAYAS STATE UNIVERSITY**  
Visca, Baybay City, Leyte

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

<b>1. OFFICE/DEPARTMENT</b>  Department of Agronomy	<b>2. NAME :</b> (Last) (First) (Middle)  RATILLA, TEODOMERO CABUSAO												
<b>3. DATE OF FILING:</b> June 20, 2023	<b>4. POSITION</b> School Farm Demonstrator												
<b>5. SALARY:</b> SG 10													
<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 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 (R.A. 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 (R.A. 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 (R.A. 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)  <b>Others:</b> Monetization	<b>6.B DETAILS OF LEAVE</b>  <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												
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b>  140 days INCLUSIVE DATES _____	<b>6.D COMMUTATION</b>  Not Requested x Requested   (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>  FLORENTE DIDAL, Adm. Officer II (Authorized Officer)		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b>  For approval For disapproval due to _____   DIONESIO M. BAÑOC Office/Dept./Unit (Authorized Officer)
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													
<b>7.C APPROVED FOR:</b>  _____ days with pay _____ days without pay _____ others (Specify)	<b>7.D DISAPPROVED DUE TO:</b>  _____ _____												
 EDGARDO E. TULIN President _____ (Authorized Official)													