ANNEX A

Republic of the Philippines

VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
FARMI	**Garcia**	**Pastor**	**Pasturan**

3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)
10/05/2022	**Associate Professor IV**	

6. DETAILS OF APPLICATION

6.a TYPE OF LEAVE TO BE AVAILED OF:

☐ Adoption
☐ Educational Tour (Local) (UADCO Resolution No. 7, s. 2008 and OP Memo Circular No. 18, 2009)
☐ Mandatory/Force
☐ Maternity
☐ Maternity - 7 days Transferable to father/alternate caregiver
☐ Maternity - additional 15 days for single mother
☐ Monetization
☐ Parental (Solo Parent)
☐ Paternity
☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
☐ Sabbatical
☒ Sick
☐ Special Emergency (Calamity)
☐ Special Leave Benefits for women
☐ Special Leave Privilege
☐ Study
☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)
☐ Vacation

Others: _____

6.b DETAILS OF LEAVE:

In case of vacation/Special Privilege leave:
☐ Within the Philippines :
☐ Abroad (Pls. Specify) :

In case of Sick leave:
☐ In Hospital (Pls. Specify) :
☒ Out Patient (Pls. Specify) : <u>Home</u>

In case of Special Leave Benefits for Women:
(Specify Illness)

In case of Study leave:
☐ BAR/Board Examination Review
☐ Completion of Master's Degree
☐ Completion of Doctorate Degree
☐ Completion of PHD Degree

Other purpose:
☐ Monetization of Leave Credits
☐ Terminal Leave

6.c NUMBER OF WORKING DAYS APPLIED FOR

2 days
Inclusive Dates

10/03/2022 - 10/04/2022

6.d COMMUTATION

☒ Requested ☐ Not Requested

GARCIA, PASTOR P.
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.a CERTIFICATION OF LEAVE CREDITS
AS of: <u>October 2022</u>

	Vacation Leave	Sick Leave
Total Earned		
Less this Application		2
Balance		

REGINA C. BIBERA
Office of the Head of Payroll and Leave Benefits

7.b RECOMMENDATION:

☒ For Approval

☐ For Disapproval due to:

DHENBER C. LUSANTA
Ecological Farm Resource & Management Institute

7.c APPROVED FOR:
____ day(s) with pay   2   day(s) without pay
Others (Specify):

7.d DISAPPROVED due to:

EDGARDO E. TULIN
(Printed Name and Signature)
University President