






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)												
DMet	Andan	Charlie	Saldua												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
07/04/2022	Instructor I														
6. DETAILS OF APPLICATION															
6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/> Maternity - additional 15 days for single mother <input type="checkbox"/> Monetization <input type="checkbox"/> Parental (Solo Parent) <input type="checkbox"/> Paternity <input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sabbatical <input type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privilege <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input checked="" type="checkbox"/> Vacation Others: _____		6.b DETAILS OF LEAVE: In case of vacation/Special Privilege leave: <input checked="" type="checkbox"/> Within the Philippines : <u>Metro Manila</u> <input type="checkbox"/> Abroad (Pls. Specify) : In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input type="checkbox"/> Out Patient (Pls. Specify) : In case of Special Leave Benefits for Women: (Specify Illness) In case of Study leave: <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR <u>2 days</u> Inclusive Dates 07/25/2022 - 07/26/2022		6.d COMMUTATION <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested  ANDAN, CHARLIE S. (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
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Total Earned															
Less this Application															
Balance															
7.c APPROVED FOR: ____ day(s) with pay ____ day(s) without pay Others (Specify):		7.d DISAPPROVED due to:													
 EDGARDO E. TULIN (Printed Name and Signature) University President															

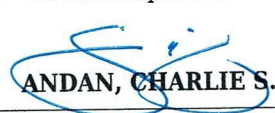
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6. DETAILS OF APPLICATION

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6.c NUMBER OF WORKING DAYS APPLIED FOR 3 days Inclusive Dates 07/27/2022 - 07/29/2022	6.d COMMUTATION <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested  ANDAN, CHARLIE S. (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

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



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6.c NUMBER OF WORKING DAYS APPLIED FOR <u>5 days</u> Inclusive Dates 08/01/2022 - 08/05/2022		6.d COMMUTATION <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested <div style="text-align: center;"> ANDAN, CHARLIE S. (Signature of Applicant) </div>													
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