



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT Renewable Energy Research Center	2. NAME : (Last) (First) (Middle) GUARTE, ROBERTO C.													
3. DATE OF FILING December 2, 2021	4. POSITION Professor VI	5. SALARY P												
6. DETAILS OF APPLICATION														
6.A TYPE OF LEAVE TO BE AVAILED OF <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 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: _____		6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> <input checked="" type="checkbox"/> Within the Philippines Ormoc City / Baybay <input type="checkbox"/> Abroad (Specify) _____ <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ <i>In case of Study Leave:</i> <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave												
6.C NUMBER OF WORKING DAYS APPLIED FOR 2 days INCLUSIVE DATES December 3 & 6, 2021		6.D COMMUTATION <input checked="" type="checkbox"/> Not Requested <input type="checkbox"/> Requested <div style="text-align: right;"> ROBERTO C. GUARTE (Signature of Applicant)</div>												
7. DETAILS OF ACTION ON APPLICATION														
7.A CERTIFICATION OF LEAVE CREDITS As of November 2021 <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><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></tbody></table> _____ (Authorized Officer)			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION <input checked="" type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ _____ _____ _____ _____ (Authorized Officer)
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
7.C APPROVED FOR: 2 days with pay _____ days without pay _____ others (Specify)		7.D DISAPPROVED DUE TO: _____ _____ _____												
 EDGARDO E. TULIN _____ (Authorized Official)														