



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

<b>1. OFFICE/DEPARTMENT</b> Office of the Director for Instruction and Evaluation	<b>2. NAME :</b> (Last) <b>VERGARA</b> , (First) <b>RAFAEL</b> (Middle) <b>BARINA</b>													
<b>3. DATE OF FILING</b> <u>January 5, 2022</u>	<b>4. POSITION</b> <u>Admin Aide VI</u>	<b>5. SALARY</b> _____												
<b>6. DETAILS OF APPLICATION</b>														
<div style="display: flex;"><div style="flex: 1; padding: 5px;"><b>6.A TYPE OF LEAVE TO BE AVAILED OF</b> <div style="margin-top: 5px;"><input type="checkbox"/> <b>Vacation Leave</b> (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>Mandatory/Forced Leave</b> (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>Sick Leave</b> (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>Maternity Leave</b> (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>Paternity Leave</b> (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>Special Privilege Leave</b> (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>Solo Parent Leave</b> (RA No. 8972 / CSC MC No. 8, s. 2004)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>Study Leave</b> (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>10-Day VAWC Leave</b> (RA No. 9262 / CSC MC No. 15, s. 2005)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>Rehabilitation Privilege</b> (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>Special Leave Benefits for Women</b> (RA No. 9710 / CSC MC No. 25, s. 2010)</div><div style="margin-top: 5px;"><input checked="" type="checkbox"/> <b>Special Emergency (Calamity) Leave</b> (CSC MC No. 2, s. 2012, as amended)</div><div style="margin-top: 5px;"><input type="checkbox"/> <b>Adoption Leave</b> (R.A. No. 8552)</div><div style="margin-top: 10px;">Others: _____</div></div><div style="flex: 1; padding: 5px;"><b>6.B DETAILS OF LEAVE</b> <div style="margin-top: 5px;"><i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____</div><div style="margin-top: 5px;"><i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____</div><div style="margin-top: 10px;"><i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____</div><div style="margin-top: 10px;"><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</div></div></div>														
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> <b>Three (3) days</b>  <b>INCLUSIVE DATES</b> <u>January 13, 14 &amp; 17, 2022</u>		<b>6.D COMMUTATION</b> Not Requested _____ Requested _____ <div style="text-align: center; margin-top: 10px;"><b>RAFAEL B. VERGARA JR.</b> (Signature of Applicant)</div>												
<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; margin-top: 5px;"><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></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> <div style="text-align: center; margin-top: 10px;"><b>REGINA BIBERA, Adm. Officer II</b> (Authorized Officer)</div>			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b> For approval _____ For disapproval due to _____ <div style="text-align: center; margin-top: 10px;"><b>MA. RACHEL KIM L. AURE</b> (Authorized Officer)</div>
	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> _____ _____ _____												
<div style="display: flex; justify-content: center; align-items: center;"><div><b>EDGARDO E. TULIN</b> President (Authorized Official)</div></div>														