



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

|  |   |
|--|---|
| 1. OFFICE/DEPARTMENT<br><u>BIOTECHNOLOGY</u> | 2. NAME : (Last) (First) (Middle)<br><u>GAUMBAO</u> <u>MARLIANA</u> <u>B.</u> |
| 3. DATE OF FILING <u>Jan. 6, 2022</u>        | 4. POSITION <u>Assistant Professor III</u> 5. SALARY _____                    |

### 6. DETAILS OF APPLICATION

|  |  |
|--|--|
| <b>6.A TYPE OF LEAVE TO BE AVAILED OF</b><br><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)<br><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)<br><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Solo Parent Leave (R.A. No. 8972 / CSC MC No. 8, s. 2004)<br><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> 10-Day VAWC Leave (R.A. No. 9262 / CSC MC No. 15, s. 2005)<br><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Special Leave Benefits for Women (R.A. No. 9710 / CSC MC No. 25, s. 2010)<br><input checked="" type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)<br><input type="checkbox"/> Adoption Leave (R.A. No. 8552)<br><br>Others: _____ | <b>6.B DETAILS OF LEAVE</b><br><br>In case of Vacation/Special Privilege Leave:<br>Within the Philippines _____<br>Abroad (Specify) _____<br><br>In case of Sick Leave:<br>In Hospital (Specify Illness, _____)<br>Out Patient (Specify Illness, _____)<br><br>In case of Special Leave Benefits for Women:<br>(Specify Illness, _____)<br><br>In case of Study Leave:<br>Completion of Master's Degree<br>BAR/Board Examination Review<br><br>Other purpose:<br>Monetization of Leave Credits<br>Terminal Leave |
| <b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b><br><u>5 days</u><br><br>INCLUSIVE DATES<br><u>Jan. 10 - 14, 2022</u>   | <b>6.D COMMUTATION</b><br><br>Not Requested<br>Requested <input checked="" type="checkbox"/><br><br><u>[Signature]</u><br>(Signature of Applicant)   |

### 7. DETAILS OF ACTION ON APPLICATION

| <b>7.A CERTIFICATION OF LEAVE CREDITS</b><br>As of _____<br><table border="1"><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><br><br><u>REGINA BIBERA, Adm. Officer II</u><br>(Authorized Officer) |   | Vacation Leave | Sick Leave | Total Earned |  |  | Less this application |  |  | Balance |  |  | <b>7.B RECOMMENDATION</b><br><br>For approval<br>For disapproval due to _____<br><br><br><br><u>KYRA MAE M. RAMONEDA</u><br>Head/Office/Dept./Unit<br>(Authorized Officer) |
|---|---|----------------|------------|--------------|--|--|-----------------------|--|--|---------|--|--|--|
|   | Vacation Leave  | Sick Leave     |            |              |  |  |                       |  |  |         |  |  |  |
| Total Earned  |   |                |            |              |  |  |                       |  |  |         |  |  |  |
| Less this application   |   |                |            |              |  |  |                       |  |  |         |  |  |  |
| Balance   |   |                |            |              |  |  |                       |  |  |         |  |  |  |
| <b>7.C APPROVED FOR:</b><br><br>_____ days with pay<br>_____ days without pay<br>_____ others (Specify) _____   | <b>7.D DISAPPROVED DUE TO:</b><br><br>_____<br>_____<br>_____ |                |            |              |  |  |                       |  |  |         |  |  |  |
| <br><br><u>[Signature]</u><br><u>EDGARDO E. TULIN</u><br>President<br>(Authorized Official)   |   |                |            |              |  |  |                       |  |  |         |  |  |  |