



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>College of Veterinary Medicine</b>	2. NAME : (Last) (First) (Middle) <b>CABARDO DELFIN, JR. ESCUADRA</b>	5. SALARY _____
3. DATE OF FILING <b>01/13/2022</b>	4. POSITION <b>INSTRUCTOR I</b>	

### 6. DETAILS OF APPLICATION

#### 6.A TYPE OF LEAVE TO BE AVAILED OF

- ☐ Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☒ **Mandatory/Forced Leave** (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
- ☐ Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)
- ☐ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
- ☐ Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)
- ☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)
- ☐ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- ☐ Adoption Leave (R.A. No. 8552)

Others: \_\_\_\_\_

#### 6.B DETAILS OF LEAVE

*In case of Vacation/Special Privilege Leave:*

Within the Philippines \_\_\_\_\_

Abroad (Specify) \_\_\_\_\_

*In case of Sick Leave:*

In Hospital (Specify Illness, \_\_\_\_\_)

Out Patient (Specify Illness, \_\_\_\_\_)

*In case of Special Leave Benefits for Women:*

(Specify Illness, \_\_\_\_\_)

*In case of Study Leave:*

Completion of Master's Degree

BAR/Board Examination Review

*Other purpose:*

Monetization of Leave Credits

Terminal Leave

#### 6.C NUMBER OF WORKING DAYS APPLIED FOR

1

INCLUSIVE DATES

January 14, 2022

#### 6.D COMMUTATION

Not Requested

☒ Requested

**DELFIN E. CABARDO, JR.**

(Signature of Applicant)

### 7. DETAILS OF ACTION ON APPLICATION

#### 7.A CERTIFICATION OF LEAVE CREDITS

As of \_\_\_\_\_

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

**REGINA BIBERA, Am. Officer II**

(Authorized Officer)

#### 7.B RECOMMENDATION

For approval

For disapproval due to \_\_\_\_\_

**SANTIAGO T. PEÑA, JR.**

College Dean

(Authorized Officer)

#### 7.C APPROVED FOR:

\_\_\_\_\_ days with pay  
\_\_\_\_\_ days without pay  
\_\_\_\_\_ others (Specify) \_\_\_\_\_

#### 7.D DISAPPROVED DUE TO:

**EDGARDO E. TULIN**  
President

(Authorized Official)