
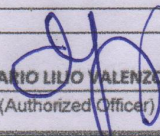
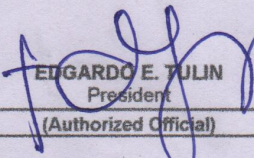




Republic of the Philippines  
VISAYAS STATE UNIVERSITY  
Visca, Baybay City, Leyte

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>PHYSICAL PLANT OFFICE</b>	2. NAME : (Last) (First) (Middle) <b>POLE, Lucio C. Jr.</b>													
3. DATE OF FILING : <u>Dec. 20, 2021</u> 4. POSITION : <u>Foreman</u> 5. SALARY _____														
<b>6. DETAILS OF APPLICATION</b>														
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 checked="" type="checkbox"/> <b>Mandatory/Forced Leave</b> (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. 8167 / CSC MC No. 71, s. 1998, as amended) <input 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> Within the Philippines _____ Abroad (Specify) _____  <i>In case of Sick Leave:</i> In Hospital (Specify illness) _____ Out Patient (Specify illness) _____  <i>In case of Special Leave Benefits for Women:</i> (Specify illness) _____  <i>In case of Study Leave:</i> 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 <u>5 Days FL</u>  INCLUSIVE DATES <u>Dec. 23, 24, 27- 29, 2 Force Leave</u>		6.D COMMUTATION  Not Requested Requested  <b>LUCIO C. POLE JR.</b> (Signature of Applicant)												
<b>7. DETAILS OF ACTION ON APPLICATION</b>														
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <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> <b>REGINA BIBERA, Adm. Officer II</b> (Authorized Officer)			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION  For approval For disapproval due to _____   <b>MARIO LILO VALENZONA</b> (Authorized Officer)
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____		7.D DISAPPROVED DUE TO: _____ _____ _____												
 <b>EDGARDO E. TULIN</b> President (Authorized Official)														