



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

| | | |
|--|--|-----------------|
| 1. OFFICE/DEPARTMENT MOTOR POOL SERVICES/PPO | 2. NAME : (Last) (First) (Middle) RABANOS, CHARLITO V. | |
| 3. DATE OF FILING <u>January 9, 2022</u> | 4. POSITION <u>Admin. Aide IV</u> | 5. SALARY _____ |

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

5 Days

INCLUSIVE DATES

Jan. 10-14, 2022

6.D COMMUTATION

Not Requested

Requested

C. Rabanos
(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, Adm. Officer II
(Authorized Officer)

7.B RECOMMENDATION

For approval

For disapproval due to _____

MARLON G. BURLAS
Head/Office/Dept./Unit
(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)