



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

Stamp of Date of Receipt

**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
<b>NARC</b>	<b>Duatin</b>	<b>Flora Mia</b>	<b>Yulores</b>												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
<b>11/22/2022</b>	<b>Associate Professor III</b>														
<b>6. DETAILS OF APPLICATION</b>															
6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/> Maternity - additional 15 days for single mother <input type="checkbox"/> Monetization <input type="checkbox"/> Parental (Solo Parent) <input type="checkbox"/> Paternity <input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sabbatical <input checked="" type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privilege <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Vacation Others: _____		6.b DETAILS OF LEAVE: In case of vacation/Special Privilege leave: <input type="checkbox"/> Within the Philippines : <input type="checkbox"/> Abroad (Pls. Specify) : In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input checked="" type="checkbox"/> Out Patient (Pls. Specify) : <u>at home</u> In case of Special Leave Benefits for Women: (Specify Illness) In case of Study leave: <input type="checkbox"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR <p style="text-align: center;"><u>2 days</u> Inclusive Dates  10/03/2022 - 10/04/2022</p>		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <p style="text-align: center;"><i>[Signature]</i> <b>DUATIN, FLORA MIA Y.</b> (Signature of Applicant)</p>													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>November 2022</u> <table border="1" style="width: 100%;"> <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 style="text-align: center;">2</td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </table> <p style="text-align: center;"><b>REGINA C. BIBERA</b> Office of the Head of Payroll and Leave Benefits</p>			Vacation Leave	Sick Leave	Total Earned			Less this Application		2	Balance			7.b RECOMMENDATION: <input checked="" type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: <p style="text-align: center;"><i>[Signature]</i> <b>ROMEL B. ARMECIN</b> National Abaca Research Center</p>	
	Vacation Leave	Sick Leave													
Total Earned															
Less this Application		2													
Balance															
7.c APPROVED FOR: _____ day(s) with pay <u>2</u> day(s) without pay Others (Specify): _____		7.d DISAPPROVED due to: _____													
<p><i>[Signature]</i> <b>EDGARDO E. TULIN</b> (Printed Name and Signature) University President</p>															