



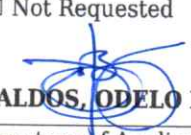
Republic of the Philippines  
**VISAYAS STATE UNIVERSITY**  
Visca, Baybay City, Leyte

Stamp of Date of Receipt


**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
<b>Eco-FARMI</b>	<b>Baldos</b>	<b>Odelo</b>	<b>Balein</b>
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
<b>05/16/2025</b>	<b>Agricultural Technician II</b>		

**6. DETAILS OF APPLICATION**

<p>6.a TYPE OF LEAVE TO BE AVAILED OF:</p> <p><input type="checkbox"/> Adoption  <input checked="" type="checkbox"/> Mandatory/Force  <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"/> Sick  <input type="checkbox"/> Special Emergency (Calamity)  <input type="checkbox"/> Special Leave Benefits for women  <input type="checkbox"/> Special Leave Privileges  <input type="checkbox"/> Study  <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)  <input type="checkbox"/> Vacation</p> <p>Others: _____</p>	<p>6.b DETAILS OF LEAVE:</p> <p>In case of vacation/Special Privilege leave:  <input type="checkbox"/> Within the Philippines :  <input type="checkbox"/> Abroad (Pls. Specify) :</p> <p>In case of Sick leave:  <input type="checkbox"/> In Hospital (Pls. Specify) :  <input type="checkbox"/> Out Patient (Pls. Specify) :</p> <p>In case of Special Leave Benefits for Women:          (Specify Illness)</p> <p>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</p> <p>Other purpose:  <input type="checkbox"/> Monetization of Leave Credits  <input type="checkbox"/> Terminal Leave</p>
<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p><u>2 days</u>          Inclusive Dates          05/19/2025 - 05/20/2025</p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested    <input type="checkbox"/> Not Requested</p> <p>  <b>BALDOS, ODELO B.</b>          (Signature of Applicant)</p>

**7. DETAILS OF ACTION ON APPLICATION**

<p>7.a CERTIFICATION OF LEAVE CREDITS          AS of: <u>May 2025</u></p> <table border="1"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td>42.558</td> <td>66.417</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>40.558</td> <td>66.417</td> </tr> </tbody> </table> <p><b>FLORANTE G. DIDAL</b>          Payroll and Leave Benefits Office</p>		Vacation Leave	Sick Leave	Total Earned	42.558	66.417	Less this Application			Balance	40.558	66.417	<p>7.b RECOMMENDATION:</p> <p><input type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:</p> <p>  <b>JEROME O. ARRIBADO</b>          Eco-Farm &amp; Resource Management Institute</p>
	Vacation Leave	Sick Leave											
Total Earned	42.558	66.417											
Less this Application													
Balance	40.558	66.417											
<p>7.c APPROVED FOR:</p> <p>____ day(s) with pay    ____ day(s) without pay          Others (Specify): _____</p>	<p>7.d DISAPPROVED due to:</p>												

**PROSE IVY G. YEPES**

(Printed Name and Signature)  
University President