



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT		2. NAME : (Last) (First) (Middle)														
SINON, FELICIANO GUNO																
3. DATE OF FILING <u>Apr 21, 2022</u>		4. POSITION <u>Professor VI</u>		5. SALARY _____												
6. DETAILS OF APPLICATION																
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 type="checkbox"/> Mandatory/Forced Leave (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. 8187 / 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 checked="" type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input checked="" 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> x 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 <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave														
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>5 days</u> INCLUSIVE DATES <u>May 2-6, 2022</u>		6.D COMMUTATION Not Requested Requested <input checked="" type="checkbox"/> (Signature of Applicant)														
7. DETAILS OF ACTION ON APPLICATION																
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><tr><td style="width: 30%;"></td><td style="width: 35%;">Vacation Leave</td><td style="width: 35%;">Sick Leave</td></tr><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></table> <div style="text-align: center; margin-top: 10px;">REGINA BIBERA, Adm. Officer II (Authorized Officer)</div>			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval _____ For disapproval due to _____ <div style="text-align: center; margin-top: 10px;">ROBELYN T. PIAMONTE (Authorized Officer)</div>		
	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: <div style="text-align: center; margin-top: 20px;">EDGARDO E. TULIN President (Authorized Official)</div>														