



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <div style="text-align: center;">CASH DIVISION</div>	2. NAME : (Last) (First) (Middle) <div style="text-align: center;">CALUNANGAN FE CRUZA</div>												
3. DATE OF FILING <u>Dec. 13, 2021</u> 4. POSITION <u>Admin. Aide IV</u>													
6. DETAILS OF APPLICATION													
6.A TYPE OF LEAVE TO BE AVAILED OF <div style="margin-top: 5px;"><input checked="" type="checkbox"/> 8 Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input checked="" type="checkbox"/> 5 Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) Within the Philippines</div> <div style="margin-top: 5px;"><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) Abroad (Specify) _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) In case of Sick Leave: _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) In Hospital (Specify Illness) _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) Out Patient (Specify Illness) _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) In case of Special Leave Benefits for Women: (Specify Illness) _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) _____</div> <div style="margin-top: 5px;"><input type="checkbox"/> Adoption Leave (R.A. No. 8552) _____</div> <div style="margin-top: 10px;">Others: _____</div>	6.B DETAILS OF LEAVE <div style="margin-top: 5px;">In case of Vacation/Special Privilege Leave: _____</div> <div style="margin-top: 5px;">Abroad (Specify) _____</div> <div style="margin-top: 5px;">In case of Sick Leave: _____</div> <div style="margin-top: 5px;">In Hospital (Specify Illness) _____</div> <div style="margin-top: 5px;">Out Patient (Specify Illness) _____</div> <div style="margin-top: 5px;">In case of Special Leave Benefits for Women: (Specify Illness) _____</div> <div style="margin-top: 5px;">In case of Study Leave: _____</div> <div style="margin-top: 5px;">Completion of Master's Degree</div> <div style="margin-top: 5px;">BAR/Board Examination Review</div> <div style="margin-top: 5px;">Other purpose: _____</div> <div style="margin-top: 5px;">Monetization of Leave Credits</div> <div style="margin-top: 5px;">Terminal Leave</div>												
6.C NUMBER OF WORKING DAYS APPLIED FOR thirteen (13) days INCLUSIVE DATES <u>December 20, 2021 - January 07, 2022</u>	6.D COMMUTATION Not Requested Requested <div style="text-align: center;"> (Signature of Applicant) <u>12/13</u></div>												
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: 5px;"><tr><td style="width: 30%;"></td><td style="width: 35%; text-align: center;">Vacation Leave</td><td style="width: 35%; text-align: center;">Sick Leave</td></tr><tr><td style="text-align: center;">Total Earned</td><td></td><td></td></tr><tr><td style="text-align: center;">Less this application</td><td></td><td></td></tr><tr><td style="text-align: center;">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: 20px;"> QUEEN EVER Y. ATUPAN (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: _____ _____ _____												
EDGARDO E. TULIN President (Authorized Official)													