



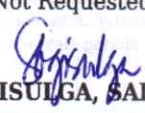
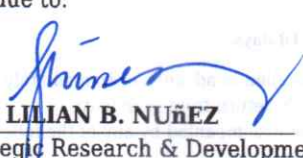
Republic of the Philippines

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
<b>BIDANI</b>	<b>Gisulga</b>	<b>Saloma</b>	<b>Binoya</b>												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
<b>03/13/2023</b>	<b>Science Research Specialist I</b>														
<b>6. DETAILS OF APPLICATION</b>															
<b>6.a TYPE OF LEAVE TO BE AVAILED OF:</b> <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: _____		<b>6.b DETAILS OF LEAVE:</b>  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>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													
<b>6.c NUMBER OF WORKING DAYS APPLIED FOR</b>  <u>5 days</u> Inclusive Dates  <u>03/06/2023 - 03/10/2023</u>		<b>6.d COMMUTATION</b>  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested   <b>GISULGA, SALOMA B.</b> (Signature of Applicant)													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
<b>7.a CERTIFICATION OF LEAVE CREDITS</b> AS of: <u>March 2023</u> <table border="1"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td>Total Earned</td><td>45.686</td><td>184.709</td></tr><tr><td>Less this Application</td><td></td><td></td></tr><tr><td>Balance</td><td>45.686</td><td>179.709</td></tr></tbody></table> <b>HONEY SOFIA V. COLIS</b> Office of the Director for Human Resource Management			Vacation Leave	Sick Leave	Total Earned	45.686	184.709	Less this Application			Balance	45.686	179.709	<b>7.b RECOMMENDATION:</b>  <input type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:   <b>LILIAN B. NUÑEZ</b> Institute for Strategic Research & Development Studies	
	Vacation Leave	Sick Leave													
Total Earned	45.686	184.709													
Less this Application															
Balance	45.686	179.709													
<b>7.c APPROVED FOR:</b> ____ day(s) with pay    ____ day(s) without pay Others (Specify): _____		<b>7.d DISAPPROVED due to:</b> _____ _____ _____													
<b>EDGARDO E. TULIN</b> (Printed Name and Signature) University President															