



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>VSU PAVILION</b>	2. NAME : (Last) <b>Javier</b> (First) <b>Benito</b> (Middle) <b>Dela Cruz</b>	3. DATE OF FILING <u>Nov. 24, 2021</u>	4. POSITION <u>Household Attendant</u>	5. SALARY _____
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### 6. DETAILS OF APPLICATION

#### 6.A TYPE OF LEAVE TO BE AVAILED OF

- ☐ **Vacation Leave** (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ **Mandatory/Forced Leave** (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ **Sick Leave** (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ **Maternity Leave** (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
- ☐ **Paternity Leave** (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)
- ☐ **Special Privilege Leave** (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ **Solo Parent Leave** (RA No. 8972 / CSC MC No. 8, s. 2004)
- ☐ **Study Leave** (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ **10-Day VAWC Leave** (RA No. 9262 / CSC MC No. 15, s. 2005)
- ☐ **Rehabilitation Privilege** (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ **Special Leave Benefits for Women** (RA No. 9710 / CSC MC No. 25, s. 2010)
- ☐ **Special Emergency (Calamity) Leave** (CSC MC No. 2, s. 2012, as amended)
- ☐ **Adoption Leave** (R.A. No. 8552)

Others:

Monetization

#### 6.B DETAILS OF LEAVE

*In case of Vacation/Special Privilege Leave:*

Within the Philippines \_\_\_\_\_

Abroad (Specify) \_\_\_\_\_

*In case of Sick Leave:*

In Hospital (Specify illness) \_\_\_\_\_

Out Patient (Specify illness) \_\_\_\_\_

*In case of Special Leave Benefits for Women:*

(Specify illness) \_\_\_\_\_

*In case of Study Leave:*

Completion of Master's Degree

BAR/Board Examination Review

*Other purpose:*

Monetization of Leave Credits

Terminal Leave

#### 6.C NUMBER OF WORKING DAYS APPLIED FOR

10 days

INCLUSIVE DATES

#### 6.D COMMUTATION

Not Requested

Requested

BN  
(Signature of Applicant)

### 7. DETAILS OF ACTION ON APPLICATION

#### 7.A CERTIFICATION OF LEAVE CREDITS

As of \_\_\_\_\_

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

**REGINA BIBERA, Am. Officer II**

(Authorized Officer)

#### 7.B RECOMMENDATION

For approval

For disapproval due to \_\_\_\_\_

Josefina M. Larrosa  
**JOSEFINA M. LARROSA**

(Authorized Officer)

#### 7.C APPROVED FOR:

- \_\_\_\_\_ days with pay
- \_\_\_\_\_ days without pay
- \_\_\_\_\_ others (Specify)

#### 7.D DISAPPROVED DUE TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDGARDO E. TULIN**  
President

(Authorized Official)