



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT Nursing	2. NAME : (Last) (First) (Middle) GAPASIN CIEDELLE HONEYLOU DIMALIG												
3. DATE OF FILING JANUARY 3, 2022 4. POSITION INSTRUCTOR 1 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 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 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 5 DAYS INCLUSIVE DATES JANUARY 4-7, 10	6.D COMMUTATION Not Requested Requested <div style="text-align: right;"> (Signature of Applicant)</div>												
7. DETAILS OF ACTION ON APPLICATION													
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><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></tbody></table> <div style="text-align: center;">REGINA BIBERA, Am. 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;"> JOEL REY U. ACOB Dean, College of Nursing (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;"> EDGARDO E. TULIN President (Authorized Official)</div>													