



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT Department of Forest Science	2. NAME - (Last) (First) (Middle) POLINAR ANATOLIO NAROLLO													
3. DATE OF FILING February 23, 2022 4. POSITION Assoc Professor V 5. SALARY ₱ 0.00														
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. 8167 / 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 (R.A. 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 (R.A. No. 9262 / CSC MC No. 16, s. 2005) ☐ Rehabilitation Privilege (Sec. 35, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Special Leave Benefits for Women (R.A. No. 9710 / CSC MC No. 25, s. 2019) ☐ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) ☐ Adoption Leave (R.A. No. 6552) <i>Others:</i> _____ 6.B. DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines <u>Residence</u> 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>1 day</u> INCLUSIVE DATES <u>March 4, 2022</u>		6.D. COMMUTATION Not Requested Requested ANATOLIO N. POLINAR (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;"><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> REGINA BIBERA, Adm. Officer II (Authorized Officer)			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B. RECOMMENDATION For approval For disapproval due to _____ DENNIS P. PEQUE Dean, CEES (Authorized Officer)
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
7.C. APPROVED FOR: <u>1</u> days with pay _____ days without pay _____ others (Specify) _____		7.D. DISAPPROVED DUE TO: _____ _____ _____												
 EDGARDO E. TULIN President (Authorized Official)														