

**APPLICATION FOR LEAVE**

<b>1. OFFICE/AGENCY</b>	<b>2. NAME</b> (Last) (First) (Middle)								
VSU-OUDRRM	PEDREGOSA, ROSENDO LINGAY								
<b>3. DATE OF FILING:</b>	<b>4. POSITION:</b> SECURITY GUARD	<b>5. SALARY</b>							
<b>6. DETAILS OF APPLICATION</b>									
<b>6.a TYPE OF LEAVE :</b> <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input checked="" type="checkbox"/> Others (specify) <u>FORCE LEAVE</u>  <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (specify)		<b>6.b. WHERE LEAVE WILL BE SPENT</b>  (1) In case of Vacation Leave <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____  (2) In case of Sick Leave <input type="checkbox"/> In hospital (specify) _____ <input type="checkbox"/> Out-Patient (specify) _____							
<b>6.c NUMBER OF WORKING DAYS APPLIED FOR</b>  Inclusive Dates: <u>DEC. 30, 2020</u>		<b>6.d COMMUTATION</b>  <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested  _____ (Signature of Applicant)							
<b>7. DETAILS OF ACTION ON APPLICATION</b>									
<b>7.a CERTIFICATION OF LEAVE CREDITS</b> as of _____  Number of Days <table border="1" style="margin-left: auto; margin-right: auto; text-align: center;"> <tr> <td>Vacation</td> <td>Sick</td> <td>Total</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Vacation	Sick	Total				<b>7.b RECOMMENDATION:</b>  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to : _____  _____ <div style="text-align: right;"> <u>DARIO P. LINA</u>            Authorized Official         </div>	
Vacation	Sick	Total							
<b>7.c APPROVED FOR:</b>  _____ days with pay      _____ days without pay Others (specify) _____		<b>7.d DISAPPROVED due to:</b>  _____ _____							
for: _____ <b>EDGARDO E. TULIN</b> (Printed Name and Signature) University President									
Date: _____									
<b>INSTRUCTION</b>									
1. Application for vacation or sick leave for one full day or more shall be made on this Form and to be accomplished at least in duplicate. 2. Application for vacation leave shall be filed in advance or whenever possible five (5) days before going on such leave. 3. Application for sick leave filed in advance or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by the applicant. 4. An employee who is absent without approved leave shall not be entitled to receive his/her salary corresponding to the period of his/her authorized leave of absence. 5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities.									