



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)
Eco-FARMI	Arribado	Jerome	Orcales
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
05/13/2025	Instructor II		

6. DETAILS OF APPLICATION

6.a TYPE OF LEAVE TO BE AVAILED OF: ☐ Adoption ☐ Mandatory/Force ☐ Maternity - 7 days Transferable to father/alternate caregiver ☐ Maternity - additional 15 days for single mother ☐ Monetization ☐ Parental (Solo Parent) ☐ Paternity ☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Sick ☐ Special Emergency (Calamity) ☐ Special Leave Benefits for women ☒ Special Leave Privileges ☐ Study ☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) ☐ Vacation Others: _____	6.b DETAILS OF LEAVE: In case of vacation/Special Privilege leave: ☒ Within the Philippines : <u>Celebrate Mother's Birthday</u> ☐ Abroad (Pls. Specify) : In case of Sick leave: ☐ In Hospital (Pls. Specify) : ☐ Out Patient (Pls. Specify) : In case of Special Leave Benefits for Women: (Specify Illness) In case of Study leave: ☐ BAR/Board Examination Review ☐ Completion of Master's Degree ☐ Completion of Doctorate Degree ☐ Completion of PHD Degree Other purpose: ☐ Monetization of Leave Credits ☐ Terminal Leave
6.c NUMBER OF WORKING DAYS APPLIED FOR <u>1 day</u> Inclusive Dates 05/14/2025 - 05/14/2025	6.d COMMUTATION ☒ Requested ☐ Not Requested ARRIBADO, JEROME O. (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>May 2025</u> <table border="1" style="width: 100%;"> <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> FLORANTE G. DIDAL Payroll and Leave Benefits Office		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			7.b RECOMMENDATION: ☐ For Approval ☐ For Disapproval due to: SUZETTE B. LINA Faculty of Agriculture and Food Science
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
7.c APPROVED FOR: ____ day(s) with pay ____ day(s) without pay Others (Specify):	7.d DISAPPROVED due to:												

PROSE IVY G. YEPES

(Printed Name and Signature)
University President