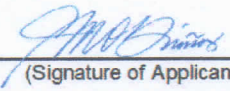
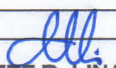




Republic of the Philippines  
**VISAYAS STATE UNIVERSITY**  
Visca, Baybay City, Leyte

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME :	(Last)	(First)	(Middle)												
		QUINONES	CECILLE MARIE	OQUIAS												
3. DATE OF FILING	January 1, 2022															
4. POSITION	Assistant Professor I															
5. SALARY																
<b>6. DETAILS OF APPLICATION</b>																
<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b>  <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 (R.A. No. 8972 / CSC MC No. 8, s. 2004) <input checked="" type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (R.A. 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 (R.A. No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552)  Others: _____		<b>6.B DETAILS OF LEAVE</b>  <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ 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> <input checked="" type="checkbox"/> Completion of PhD Degree BAR/Board Examination Review  <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave														
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b>  6 months  INCLUSIVE DATES  January 1, 2022 to June 30, 2022		<b>6.D COMMUTATION</b>  Not Requested Requested   (Signature of Applicant)														
<b>7. DETAILS OF ACTION ON APPLICATION</b>																
<b>7.A CERTIFICATION OF LEAVE CREDITS</b>  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;"><b>REGINA BIBERA, Am. Officer II</b> (Authorized Officer)</div>			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b>  For approval For disapproval due to _____  _____   <b>SUZETTE B. LINA</b> Office/Dean (Authorized Officer)		
	Vacation Leave	Sick Leave														
Total Earned																
Less this application																
Balance																
<b>7.C APPROVED FOR:</b>  _____ days with pay _____ days without pay _____ others (Specify)		<b>7.D DISAPPROVED DUE TO:</b>  _____ _____ _____														
 <b>EDGARDO E. TULIN</b> President _____ (Authorized Official)																