Civil Service Form No. 6
Revised 2020

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)
CASH OFFICE	ATUPAN	QUEEN-EVER	YURANGO

3. DATE OF FILING ___May 16, 2022___ 4. POSITION SUPERVISING ADMINISTRATIVE OFFICER 5. SALARY P 69,963.00

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. 8187 / 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 (RA 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 (RA No. 9262 / CSC MC No. 15, s. 2005)

☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

☐ Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)

☐ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)

☐ Adoption Leave (R.A. No. 8552)

Others:

___CDO___

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

___one (1) day___

INCLUSIVE DATES

___May 18, 2022___

6.D COMMUTATION

☐ Not Requested

✓ Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

REGINA BIBERA, Adm. Officer II

(Authorized Officer)

7.B RECOMMENDATION

✓ For approval

☐ For disapproval due to _____

_____

_____

RYSAN C. GUINOCOR
Director for Administrative Services

(Authorized Officer)

7.C APPROVED FOR:

__3__ days with pay

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

_____

_____

_____

EDGARDO E. TULIN
President

(Authorized Official)