



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)            |            |              |       |    |                       |  |  |         |       |        |  |  |
| <b>AccO</b>  | <b>Castil</b>                  | <b>Jhonavel</b>  | <b>Romblon</b>      |            |              |       |    |                       |  |  |         |       |        |  |  |
| 3. DATE OF FILING  | 4. POSITION                    |  | 5. SALARY (Monthly) |            |              |       |    |                       |  |  |         |       |        |  |  |
| <b>06/22/2023</b>  | <b>Administrative Aide III</b> |  |                     |            |              |       |    |                       |  |  |         |       |        |  |  |
| <b>6. DETAILS OF APPLICATION</b>   |                                |  |                     |            |              |       |    |                       |  |  |         |       |        |  |  |
| 6.a TYPE OF LEAVE TO BE AVAILED OF:<br><br><input type="checkbox"/> Adoption<br><input checked="" type="checkbox"/> Mandatory/Force<br><input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver<br><input type="checkbox"/> Maternity - additional 15 days for single mother<br><input type="checkbox"/> Monetization<br><input type="checkbox"/> Parental (Solo Parent)<br><input type="checkbox"/> Paternity<br><input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Sabbatical<br><input type="checkbox"/> Sick<br><input type="checkbox"/> Special Emergency (Calamity)<br><input type="checkbox"/> Special Leave Benefits for women<br><input type="checkbox"/> Special Leave Privilege<br><input type="checkbox"/> Study<br><input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)<br><input type="checkbox"/> Vacation<br><br>Others: _____ |                                | 6.b DETAILS OF LEAVE:<br><br>In case of vacation/Special Privilege leave:<br><input type="checkbox"/> Within the Philippines :<br><input type="checkbox"/> Abroad (Pls. Specify) :<br><br>In case of Sick leave:<br><input type="checkbox"/> In Hospital (Pls. Specify) :<br><input type="checkbox"/> Out Patient (Pls. Specify) :<br><br>In case of Special Leave Benefits for Women:<br>(Specify Illness)<br><br>In case of Study leave:<br><input type="checkbox"/> BAR/Board Examination Review<br><input type="checkbox"/> Completion of Master's Degree<br><input type="checkbox"/> Completion of Doctorate Degree<br><input type="checkbox"/> Completion of PHD Degree<br><br>Other purpose:<br><input type="checkbox"/> Monetization of Leave Credits<br><input type="checkbox"/> Terminal Leave |                     |            |              |       |    |                       |  |  |         |       |        |  |  |
| 6.c NUMBER OF WORKING DAYS APPLIED FOR<br><br><div style="text-align: center;"> <b>3 days</b><br/>           Inclusive Dates<br/><br/>           05/29/2023 - 05/31/2023         </div>  |                                | 6.d COMMUTATION<br><br><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested<br><br><div style="text-align: center;"> <br/> <b>CASTIL, JHONAVEL R.</b><br/>           (Signature of Applicant)         </div>   |                     |            |              |       |    |                       |  |  |         |       |        |  |  |
| <b>7. DETAILS OF ACTION ON APPLICATION</b>   |                                |  |                     |            |              |       |    |                       |  |  |         |       |        |  |  |
| 7.a CERTIFICATION OF LEAVE CREDITS<br>AS of: <u>June 2023</u><br><br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:30%;"></td> <td style="width:35%;">Vacation Leave</td> <td style="width:35%;">Sick Leave</td> </tr> <tr> <td>Total Earned</td> <td>9.448</td> <td>23</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>6.448</td> <td>23.000</td> </tr> </table><br><br><div style="text-align: center;"> <b>HONEY SOFIA V. COLIS</b><br/>           Human Resource Management Office         </div>   |                                |  | Vacation Leave      | Sick Leave | Total Earned | 9.448 | 23 | Less this Application |  |  | Balance | 6.448 | 23.000 | 7.b RECOMMENDATION:<br><br><input checked="" type="checkbox"/> For Approval<br><br><input type="checkbox"/> For Disapproval due to:<br><br><div style="text-align: center;"> <br/> <b>NICK FREDDY R. BELLO</b><br/>           Accounting Office         </div> |  |
|  | Vacation Leave                 | Sick Leave   |                     |            |              |       |    |                       |  |  |         |       |        |  |  |
| Total Earned   | 9.448                          | 23   |                     |            |              |       |    |                       |  |  |         |       |        |  |  |
| Less this Application  |                                |  |                     |            |              |       |    |                       |  |  |         |       |        |  |  |
| Balance  | 6.448                          | 23.000   |                     |            |              |       |    |                       |  |  |         |       |        |  |  |
| 7.c APPROVED FOR:<br>____ day(s) with pay    ____ day(s) without pay<br>Others (Specify): _____  |                                | 7.d DISAPPROVED due to: _____  |                     |            |              |       |    |                       |  |  |         |       |        |  |  |
| <b>EDGARDO E. TULIN</b><br>_____<br>(Printed Name and Signature)<br>University President   |                                |  |                     |            |              |       |    |                       |  |  |         |       |        |  |  |