

Republic of the Philippines

VISAYAS STATE UNIVERSITY

Stamp of Date of Receipt

Visca, Baybay City, Leyte

ADDITION FOR I FAVE

	A	FFLICATIO	TOR LEAVE	
1. OFFICE/DEPT./DIVISION	Name (Last)		(First)	(Middle)
FARMI	Pagalan		Lilibeth Victoria	Valenzona
3. DATE OF FILING	4. POSITION			5. SALARY (Monthly)
12/01/2022 Administra		ative Aide IV		
6. DETAILS OF APPLICATION				
6.a TYPE OF LEAVE TO BE AVAILED OF:			6.b DETAILS OF LEAVE	:
□Adoption □Mandatory/Force □Maternity □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) □Sabbatical □Sick □Special Emergency (Calamity) □Special Leave Benefits for women ⊠Special Leave Privilege □Study □VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) □Vacation Others:			In case of vacation/Special Privilege leave: ☑ Within the Philippines: whole day leave ☐ 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 PHD Degree Other purpose: ☐ Monetization of Leave Credits ☐ Terminal Leave	
6.c NUMBER OF WORKING DAYS APPLIED FOR			6.d COMMUTATION	
3 days			☐ Requested ☐ Not Requested	
Inclusive Dates			Mr pagalan_	
12/26/2022 - 12/28/2022			PAGALAN, LILIBETH VICTORIA V.	
			(Signature of Applicant)	
	7 DETA	II S OF ACTION	ON ON APPLICATION	
7.a CERTIFICATION OF LEAVE		ILS OF ACTIV	7.b RECOMMENDATION	N·
AS of: December 2022	OILLD II O		7.0.1200111211211201	•••
	Vacation Leave	Sick Leave	☐ For Approval	
Total Earned	2000001			
Less this Application			☐ For Disapproval du	e to:
Balance				
REGINA C. BIBERA			DHENBER C. LUSANTA Ecological Farm Resource & Management Institute	
Office of the Head of Payroll and Leave Benefits			Ecological Farm Re	source & management institute
7.c APPROVED FOR:			7.d DISAPPROVED due	to:
day(s) with pay day(s) without pay Others (Specify):				
		EDGARDO	E. TULIN	

(Printed Name and Signature) University President