



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>Nursing</b>		2. NAME : (Last) (First) (Middle) <b>MAGNO JESUSA MACALINA</b>														
3. DATE OF FILING <b>Jan. 4, 2022</b>		4. POSITION <b>Asst Prof II</b>		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 (RA No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (RA 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 (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA 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 (RA 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 (RA 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> Completion of Master's Degree _____ BAR/Board Examination Review _____ <i>Other purpose:</i> <input checked="" type="checkbox"/> Monetization of Leave Credits Terminal Leave _____														
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> <div style="text-align: center; font-size: 1.5em;"><b>10</b></div> INCLUSIVE DATES _____ _____		<b>6.D COMMUTATION</b> Not Requested _____ Requested <input checked="" type="checkbox"/> _____ <div style="text-align: right;"> (Signature of Applicant)</div>														
<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 _____ <div style="text-align: right;"> <b>JOEL REY U. ACOB</b> Dean, College of Nursing (Authorized Officer)</div>		
	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)																