



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

<b>1. OFFICE/DEPARTMENT</b>	<b>2. NAME :</b> (Last) (First) (Middle)													
Department of Physics	ABAD, HANNAH RISSAH FORIO													
<b>3. DATE OF FILING</b>	<b>07-Jan-22</b>	<b>4. POSITION ASSISTANT PROFESSOR</b> <b>5. SALARY</b> _____												
<b>6. DETAILS OF APPLICATION</b>														
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><b>6.A TYPE OF LEAVE TO BE AVAILED OF</b> <div style="margin-top: 5px;"><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</div><div style="margin-top: 5px;"><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</div><div style="margin-top: 5px;"><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</div><div style="margin-top: 5px;"><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</div><div style="margin-top: 5px;"><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div><div style="margin-top: 5px;"><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</div><div style="margin-top: 5px;"><input checked="" type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</div><div style="margin-top: 5px;"><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</div><div style="margin-top: 10px;">Others: _____</div></div><div style="width: 48%;"><b>6.B DETAILS OF LEAVE</b> <div style="margin-top: 5px;"><i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____</div><div style="margin-top: 5px;"><i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____</div><div style="margin-top: 10px;"><i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____</div><div style="margin-top: 10px;"><i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave</div></div></div>														
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> <div style="text-align: center; margin-top: 5px;"><u>1 Day</u></div><b>INCLUSIVE DATES</b> <div style="text-align: center; margin-top: 5px;">Dec. 21, 2021</div></div><div style="width: 48%;"><b>6.D COMMUTATION</b> Not Requested Requested _____ <div style="text-align: right; margin-top: 5px;">(Signature of Applicant)</div></div></div>														
<b>7. DETAILS OF ACTION ON APPLICATION</b>														
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><b>7.A CERTIFICATION OF LEAVE CREDITS</b> As of _____<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><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></td><td></td></tr><tr><td>Less this application</td><td></td><td></td></tr><tr><td>Balance</td><td></td><td></td></tr></table><div style="text-align: center; margin-top: 10px;"><b>REGINA BIBERA, Adm. Officer II</b> (Authorized Officer)</div></div><div style="width: 48%;"><b>7.B RECOMMENDATION</b> For approval For disapproval due to _____ _____ _____ <div style="text-align: center; margin-top: 10px;"><b>REV RHIZZA L. AURE</b> Head, DPhys (Authorized Officer)</div></div></div>				Vacation Leave	Sick Leave	Total Earned			Less this application			Balance		
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><b>7.C APPROVED FOR:</b> ____ 1 days with pay ____ days without pay ____ others (Specify) _____</div><div style="width: 48%;"><b>7.D DISAPPROVED DUE TO:</b> _____ _____ _____</div></div> <div style="text-align: center; margin-top: 20px;"> <b>EDGARDO E. TULIN</b> President (Authorized Official)</div>														