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)
Department of Soil Science	ORAIZ	KENNETH	—

3. DATE OF FILING Jan. 6, 2022	4. POSITION Instructor I	5. SALARY SG 12

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. 1996, 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:
CALAMITY LEAVE

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	6.D COMMUTATION
5 5	Not Requested
INCLUSIVE DATES	Requested
JAN. 4, 6, 7, 10 & 11, 2021	_____ (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 _____
_____
_____

SUZETTE B. LINA
(Authorized Officer)

7.C APPROVED FOR:
___2___ days with pay
_____ days without pay
_____ others (Specify)

7.D DISAPPROVED DUE TO:

EDGARDO E. TULIN
President
(Authorized Official)