

		APPLI	
3. DATE OF FILING 04/08/2025 Admini 6. DET 6.a TYPE OF LEAVE TO BE AVAILED OF: Adoption	1. OFFICE/DEPT./DIVISION	Name (Last)	
Admini 6. DET 6.a TYPE OF LEAVE TO BE AVAILED OF: Adoption Mandatory/Force Maternity - 7 days Transferable to father/alternatorace in the complete in the	ISRDS	Gonzaga	
6. DET 6.a TYPE OF LEAVE TO BE AVAILED OF: Adoption Mandatory/Force Maternity - 7 days Transferable to father/alternatoring and territy - additional 15 days for single mother Monetization Parental (Solo Parent) Paternity Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing In No. 292) Sick Special Emergency (Calamity) Special Leave Benefits for women Special Leave Privileges Study VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) Vacation Others: 6.c NUMBER OF WORKING DAYS APPLIED FOR 3 days Inclusive Dates 04/02/2025 - 04/04/2025	3. DATE OF FILING	4. POSITION	
G.a TYPE OF LEAVE TO BE AVAILED OF:	04/08/2025	Adminis	
□Adoption □Mandatory/Force □Maternity - 7 days Transferable to father/alternations and the complete states of the		6. DETA	
3 days Inclusive Dates 04/02/2025 - 04/04/2025 7. DETAILS (□Adoption □Mandatory/Force □Maternity - 7 days Transferoregiver □Maternity - additional 15 decentry of the company of the com	rable to father/alternately lays for single mother I, Omnibus Rules Implementing E. nity) women 15, s. 2005)	
Inclusive Dates 04/02/2025 - 04/04/2025 7. DETAILS 0			
7. DETAILS (
	04/02/2025 - 04	4/04/2025	
		7 DETAILS O	
	7 a CERTIFICATION OF LEAVE		

Uni

AS of: April 2025

	Vacation Leave	Sick Leave
Total Earned	64.542	200
Less this Application		3
Balance	64.542	197

FLORANTE G. DIDAL

Payroll and	d Leave Benefits Office
7.c APPROVED FOR: 3 day(s) with pay Others (Specify):	day(s) without pay
	PROS

Civil Service Form No. 6 Revised 2020



Republic of the Philippi

VISAYAS STATE UNIVI

Visca, Baybay City, Leyto

APPLICATION FOR I

. OFFICE/DEPT./DIVISION	Name (Last)) - 1 - 1	(First)
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. DATE OF FILING	4. POSITION	Nagaran ani	
04/15/2025	a disa shad to a c	Associate Pr	ofessor
	.6 west sur garant.	DETAILS OF	APPLIC
a TYPE OF LEAVE TO BE AV	/AILED OF:		6.b DE
□Adoption □Mandatory/Force □Maternity - 7 days Transf	ferable to father/al	ternate	In case ⊠ Wi □ Ab
aregiver □Maternity - additional 15 □Monetization □Parental (Solo Parent)	days for single mo	other	In case ☐ In ☐ Ou
□Paternity □Rehabilitation (Sec. 55, Rule X □Sick		enting E.O. No. 292)	In case (Speci
□Special Emergency (Cala □Special Leave Benefits fo □Special Leave Privileges □Study □VAWC (RA No. 9262 / CSC MC No. □Vacation	r women		In case
Others:	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	8	Other Me
6.c NUMBER OF WORKING D	AYS APPLIED FO	R .	6.d CC
2	days		⊠ R
Inclus	sive Dates		
04/22/202	5 - 04/23/2025		
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7.a CERTIFICATION OF LEAV AS of: <u>April 2025</u>	E CREDITS	is and	7.b RE
	Vacation Leave	Sick Leave	□F
Total Earned	Lind anteres sees	revier tas	
Less this Application	i, pri , i di geldula vorreg	p ped 5c mobili	
Balance		al oreins in all	
FLORAN	TE G. DIDAL	1,245	
Payroll and Le	ave Benefits Office	e de la constante de la consta	
7.c APPROVED FOR: day(s) with pay da Others (Specify):	y(s) without pay	editi o oli oli AEF II	7.d DI

PROSE IVY G. YEP

(Printed Name and Signature)
University President