



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)												
PHYSICAL PLANT OFFICE	BANTUGAN MARIO COSMIANO													
3. DATE OF FILING : Dec. 6, 2021	4. POSITION: Administrative Aide III	5. SALARY												
6. DETAILS OF APPLICATION														
6.A TYPE OF LEAVE TO BE AVAILED OF														
<input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)														
<input checked="" 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 (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)														
<input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)														
<input checked="" 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 (R.A. No. 8552)														
Others: _____														
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														
5 Days MFL 2 Days SPL														
INCLUSIVE DATES														
Dec. 22, 23, 24, 27, 28, 2021 Force Leave														
Dec. 29, 31, 2021 SPL														
6.D COMMUTATION														
Not Requested														
Requested														
MARIO C. BANTUGAN (Signature of Applicant)														
7. DETAILS OF ACTION ON APPLICATION														
7.A CERTIFICATION OF LEAVE CREDITS														
As of _____														
<table border="1" style="width: 100%; border-collapse: collapse;"><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>				Vacation Leave	Sick Leave	Total Earned			Less this application			Balance		
	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 _____														
MARIO LILIO VALENZONA (Authorized Officer)														
7.C APPROVED FOR:														
_____ days with pay														
_____ days without pay														
_____ others (Specify) _____														
7.D DISAPPROVED DUE TO:														

EDGARDO E. TULIN President (Authorized Official)														