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)
NARC, VSU	OCON	FELIX	L.

3. DATE OF FILING April 25,2022 4. POSITION SRA 5. SALARY _____

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. 1998, 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)
- [X] Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- [ ] 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

INCLUSIVE DATES

April 28,29,2022 ; May 3, 5-6,2022

6.D COMMUTATION

Not Requested

Requested

_____
(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, Am. Officer II
(Authorized Officer)

7.B RECOMMENDATION

For approval

For disapproval due to _____

_____

_____

_____

ROBELYN T. PIAMONTE
Director, NARC
(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)