



Republic of the Philippines

VISAYAS STATE UNIVERSITY


Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
Eco-FARMI	Arribado	Jerome	Orcales
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
03/29/2023	Instructor I		

6. DETAILS OF APPLICATION

<p>6.a TYPE OF LEAVE TO BE AVAILED OF:</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Mandatory/Force</p> <p><input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver</p> <p><input type="checkbox"/> Maternity - additional 15 days for single mother</p> <p><input type="checkbox"/> Monetization</p> <p><input type="checkbox"/> Parental (Solo Parent)</p> <p><input type="checkbox"/> Paternity</p> <p><input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sabbatical</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Special Emergency (Calamity)</p> <p><input type="checkbox"/> Special Leave Benefits for women</p> <p><input checked="" type="checkbox"/> Special Leave Privilege</p> <p><input type="checkbox"/> Study</p> <p><input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input type="checkbox"/> Vacation</p> <p>Others: _____</p>	<p>6.b DETAILS OF LEAVE:</p> <p>In case of vacation/Special Privilege leave:</p> <p><input checked="" type="checkbox"/> Within the Philippines : <u>Ormoc City</u></p> <p><input type="checkbox"/> Abroad (Pls. Specify) :</p> <p>In case of Sick leave:</p> <p><input type="checkbox"/> In Hospital (Pls. Specify) :</p> <p><input type="checkbox"/> Out Patient (Pls. Specify) :</p> <p>In case of Special Leave Benefits for Women: (Specify Illness)</p> <p>In case of Study leave:</p> <p><input type="checkbox"/> BAR/Board Examination Review</p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> Completion of Doctorate Degree</p> <p><input type="checkbox"/> Completion of PHD Degree</p> <p>Other purpose:</p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>
<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p style="text-align: center;"><u>2 days</u></p> <p style="text-align: center;">Inclusive Dates</p> <p style="text-align: center;">03/30/2023 - 03/31/2023</p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p style="text-align: center;">  ARRIBADO, JEROME O. _____ (Signature of Applicant) </p>

7. DETAILS OF ACTION ON APPLICATION

<p>7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>March 2023</u></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">Vacation Leave</td> <td style="width: 35%; text-align: center;">Sick Leave</td> </tr> <tr> <td style="text-align: center;">Total Earned</td> <td style="text-align: center;">18.02</td> <td style="text-align: center;">26.458</td> </tr> <tr> <td style="text-align: center;">Less this Application</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Balance</td> <td style="text-align: center;">18.020</td> <td style="text-align: center;">26.458</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">HONEY SOFIA V. COLIS</p> <p style="text-align: center;">Office of the Director for Human Resource Management</p>		Vacation Leave	Sick Leave	Total Earned	18.02	26.458	Less this Application			Balance	18.020	26.458	<p>7.b RECOMMENDATION:</p> <p><input checked="" type="checkbox"/> For Approval</p> <p><input type="checkbox"/> For Disapproval due to:</p> <p style="text-align: center; margin-top: 20px;"><u>MARIA JULIET C. CENIZA</u> Office of the Vice President for Research, Extension and Innovation</p>
	Vacation Leave	Sick Leave											
Total Earned	18.02	26.458											
Less this Application													
Balance	18.020	26.458											
<p>7.c APPROVED FOR: <u>2</u> day(s) with pay ___ day(s) without pay Others (Specify):</p>	<p>7.d DISAPPROVED due to:</p>												

EDGARDO E. TULIN

(Printed Name and Signature)
University President