






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		SEÑARA, CIELO FLANDEZ													
3. DATE OF FILING <u>Apr 18, 2022</u>		4. POSITION <u>Admn Aide III</u> 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 type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input checked="" 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 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. 2006) <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) <i>Others:</i> _____		6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> <div style="margin-left: 20px;">Within the Philippines _____ Abroad (Specify) _____</div> <i>In case of Sick Leave:</i> <div style="margin-left: 20px;">In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____</div> _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ _____ <i>In case of Study Leave:</i> <div style="margin-left: 20px;">Completion of Master's Degree BAR/Board Examination Review</div> <i>Other purpose:</i> <div style="margin-left: 20px;">Monetization of Leave Credits Terminal Leave</div>													
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>3-1/2 day</u> INCLUSIVE DATES <u>Apr. 5pm-8, 2022</u>		6.D COMMUTATION Not Requested Requested _____ <div style="text-align: right;"> (Signature of Applicant)</div>													
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%; text-align: center;">Vacation Leave</td><td style="width:35%; text-align: center;">Sick Leave</td></tr><tr><td style="text-align: center;"><i>Total Earned</i></td><td></td><td></td></tr><tr><td style="text-align: center;"><i>Less this application</i></td><td></td><td></td></tr><tr><td style="text-align: center;"><i>Balance</i></td><td></td><td></td></tr></table> <div style="text-align: center;">REGINA BIBERA, Adm. Officer II (Authorized Officer)</div>			Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>			7.B RECOMMENDATION For approval _____ For disapproval due to _____ _____ <div style="text-align: right;"> ROBELYN T. PIAMONTE (Authorized Officer)</div>	
	Vacation Leave	Sick Leave													
<i>Total Earned</i>															
<i>Less this application</i>															
<i>Balance</i>															
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____		7.D DISAPPROVED DUE TO:													
<div style="margin-top: 50px;"> EDGARDO E. TULIN President (Authorized Official)</div>															