



Republic of the Philippines  
**VISAYAS STATE UNIVERSITY**  
Visca, Baybay City, Leyte

Stamp of Date of Receipt

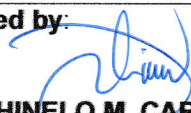

**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)												
<b>DARI</b>	<b>CARDAÑO</b>	<b>CHINELO</b>	<b>MENDEZ</b>												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
<b>06/08/2022</b>	<b>Instructor I</b>														
<b>6. DETAILS OF APPLICATION</b>															
6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input checked="" type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/> Maternity - additional 15 days for single mother <input type="checkbox"/> Monetization <input type="checkbox"/> Parental (Solo Parent) <input type="checkbox"/> Paternity <input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sabbatical <input type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privilege <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Vacation Others: _____		6.b DETAILS OF LEAVE:  In case of vacation/Special Privilege leave: <input type="checkbox"/> Within the Philippines : <input type="checkbox"/> Abroad (Pls. Specify) :  In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input type="checkbox"/> Out Patient (Pls. Specify) :  In case of Special Leave Benefits for Women: (Specify Illness)  In case of Study leave: <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review  Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.c NUMBER OF WORKING DAYS APPLIED FOR <p style="text-align: center;"><u>1 day</u> Inclusive Dates  06/09/2022 - 06/09/2022</p>		6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <p style="text-align: center;"> <b>CARDAÑO, CHINELO M.</b> (Signature of Applicant)</p>													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>June 2022</u> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <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> </tbody> </table> <p style="text-align: center;"><b>REGINA C. BIBERA</b> Office of the Head of Payroll and Leave Benefits</p>			Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			7.b RECOMMENDATION:  <input type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:  <p style="text-align: center;"> <b>MA. THERESA P. LORETO</b> College of Arts and Sciences</p>	
	Vacation Leave	Sick Leave													
Total Earned															
Less this Application															
Balance															
7.c APPROVED FOR: ____ day(s) with pay    ____ day(s) without pay Others (Specify): _____		7.d DISAPPROVED due to: _____													
 <b>EDGARDO E. TULIN</b> (Printed Name and Signature) University President															



## ARRANGEMENT FOR CLASS(ES) MISSED

(To be attached to Application for Leave Form and/or Travel Order/Request)

Name of Faculty		Department		Date of Filing
Chinelo M. Cardaño		Advanced Research and Innovation Center		June 8, 2022
Subject(s) Taught	Class Schedule	No. of Students	Arrangement for classes missed/ to be missed	
			No class affected	
Reason(s) of: On Leave  a. Leave: Date(s): <u>June 9, 2022</u> ___ Vacation ___ Sick ___ others (Pls. specify) <u>Mandatory/Force Leave</u>		b. Travel: Date(s)		
Conforme:		Prepared by:		
Name & Signature of person taking over the classes(s)		 <b>CHINELO M. CARDANO</b> Name & Signature of Instructor/Professor		
Approved by:   <b>MA. THERESA P. LORETO</b> Name & Signature of Immediate Supervisor Date: <u>June 8, 2022</u>				

\*to be accomplished in 2 copies