



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT Institute of Human Kinetics	2. NAME : (Last) (First) (Middle) ALBA, ARTURO Jr. B.													
3. DATE OF FILING May 02, 2022														
4. POSITION Admin. Aide III														
5. SALARY _____														
6. DETAILS OF APPLICATION														
<div style="display: flex;"><div style="flex: 1; padding: 5px;">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) 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 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 checked="" 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> _____</div><div style="flex: 1; padding: 5px;">6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____ <i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ <i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave</div></div>														
<div style="display: flex;"><div style="flex: 1; padding: 5px;">6.C NUMBER OF WORKING DAYS APPLIED FOR <u>Four (4) working day(s)</u> INCLUSIVE DATES <u>May 4-10, 2022</u></div><div style="flex: 1; padding: 5px;">6.D COMMUTATION Not Requested Requested (Signature of Applicant)</div></div>														
7. DETAILS OF ACTION ON APPLICATION														
<div style="display: flex;"><div style="flex: 1; padding: 5px;">7.A CERTIFICATION OF LEAVE CREDITS As of _____<table border="1" style="width: 100%; border-collapse: collapse;"><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> REGINA BIBERA, Am. Officer II (Authorized Officer)</div><div style="flex: 1; padding: 5px;">7.B RECOMMENDATION For approval For disapproval due to _____ CHARIS B. LIMBO Office/Dept./Unit (Authorized Officer)</div></div>				Vacation Leave	Sick Leave	Total Earned			Less this application			Balance		
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
<div style="display: flex;"><div style="flex: 1; padding: 5px;">7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify)</div><div style="flex: 1; padding: 5px;">7.D DISAPPROVED DUE TO: _____ _____ _____</div></div>														
EDGARDO E. TULIN President (Authorized Official)														