



Republic of the Philippines

**VISAYAS STATE UNIVERSITY**

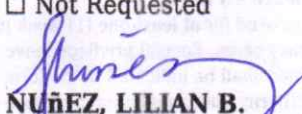
Visca, Baybay City, Leyte

Stamp of Date of Receipt

**APPLICATION FOR LEAVE**

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
<b>ISRDS</b>	<b>Nuñez</b>	<b>Lilian</b>	<b>Bandola</b>
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
<b>11/07/2022</b>	<b>Associate Professor V</b>		

**6. DETAILS OF APPLICATION**

<b>6.a TYPE OF LEAVE TO BE AVAILED OF:</b> <input type="checkbox"/> Adoption <input 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: <u>CDO</u>	<b>6.b DETAILS OF LEAVE:</b> 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"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree  Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
<b>6.c NUMBER OF WORKING DAYS APPLIED FOR</b>  <u>3 days</u> Inclusive Dates  <u>11/16/2022 - 11/18/2022</u>	<b>6.d COMMUTATION</b> <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested   <b>NUÑEZ, LILIAN B.</b> (Signature of Applicant)

**7. DETAILS OF ACTION ON APPLICATION**

<b>7.a CERTIFICATION OF LEAVE CREDITS</b> AS of: <u>November 2022</u> <table border="1"> <tr> <td></td> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <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> </table> <b>REGINA C. BIBERA</b> Office of the Head of Payroll and Leave Benefits		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			<b>7.b RECOMMENDATION:</b> <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:  <b>MOISES NEIL V. SERIÑO</b> College of Management & Economics
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
<b>7.c APPROVED FOR:</b> ___ day(s) with pay    ___ day(s) without pay Others (Specify):	<b>7.d DISAPPROVED due to:</b>												

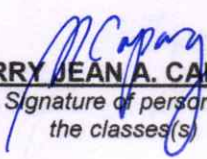
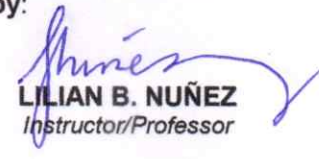
**EDGARDO E. TULIN**





### 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
MARIA AURORA TERESITA W. TABADA		ISRDS		November 7, 2022
Subject(s) Taught	Class Schedule	No. of Students	Arrangement for classes missed/ to be missed	
SCIO11	8:30-10 MF	43	Midterm examination on Nov. 17 will be administered by another faculty member.	
DSOC205	9-12 Th	3	Not affected; midterm examination schedule is before the CDO dates.	
Reason(s) of:				
a. Leave: Date(s): <input type="checkbox"/> Vacation <input type="checkbox"/> Sick <input checked="" type="checkbox"/> others (Pls. specify): <u>CDO - November 16-18, 2022</u>		b. Travel: Date(s) <u>N/A</u>		
<b>Conforme:</b>  <b>MERRY JEAN A. CAPARAS</b> Name & Signature of person taking over the classes(s)		<b>Prepared by:</b>  <b>LILIAN B. NUÑEZ</b> Instructor/Professor		
<b>Approved by:</b>  <b>MOISES NEIL V. SERIÑO</b> Dean, CME Date: _____				

\*to be accomplished in 2 copies