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)
ACCOUNTING OFFICE	**NAPIERE,**	**WILMA**	**VALIENTE**

3. DATE OF FILING February 28, 2022 _____ 4. POSITION Administrative Aide VI 5. SALARY 16,200.00

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF

[ ] Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

[x] Mandatory/Forced Leave(Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

[ ] Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

[ ] Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)

[ ] Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)

[x] Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

[ ] Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)

[ ] Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

[ ] 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)

[ ] Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

[ ] Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)

[ ] Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)

[ ] Adoption Leave (R.A. No. 8552)

Others:

_____

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

[x] Within the Philippines _____

[ ] Abroad (Specify) _____

In case of Sick Leave:

[ ] In Hospital (Specify Illness) _____

[ ] Out Patient (Specify Illness) _____

_____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

_____

In case of Study Leave:

  Completion of Master's Degree

  BAR/Board Examination Review

Other purpose:

  Monetization of Leave Credits

  Terminal Leave

6.C NUMBER OF WORKING DAYS APPLIED FOR

4 days

INCLUSIVE DATES

'March 4, 7,8 & 9, 2022 _____

6.D COMMUTATION

[x] Not Requested

[ ] Requested

_____
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

REGINA BIBERA, Adm. Officer II
(Authorized Officer)

7.B RECOMMENDATION

For approval

For disapproval due to _____
_____
_____
_____

NICK FREDDY R. BELLO, Accountant II
(Authorized Officer)

7.C APPROVED FOR:

_____ days with pay

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

_____
_____
_____

EDGARDO E. TULIN
President
_____
(Authorized Official)