



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) |
| FARMI | Villaremo | Marejen | Almedilla |
| 3. DATE OF FILING | 4. POSITION | | 5. SALARY (Monthly) |
| 08/01/2022 | Instructor I | | |

6. DETAILS OF APPLICATION

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>6.a TYPE OF LEAVE TO BE AVAILED OF:</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Mandatory/Force</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver</p> <p><input type="checkbox"/> Maternity - additional 15 days for single mother</p> <p><input type="checkbox"/> Monetization</p> <p><input type="checkbox"/> Parental (Solo Parent)</p> <p><input type="checkbox"/> Paternity</p> <p><input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sabbatical</p> <p><input checked="" type="checkbox"/> Sick</p> <p><input type="checkbox"/> Special Emergency (Calamity)</p> <p><input type="checkbox"/> Special Leave Benefits for women</p> <p><input type="checkbox"/> Special Leave Privilege</p> <p><input type="checkbox"/> Study</p> <p><input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input type="checkbox"/> Vacation</p> <p>Others: _____</p> | <p>6.b DETAILS OF LEAVE:</p> <p>In case of vacation/Special Privilege leave:</p> <p><input type="checkbox"/> Within the Philippines :</p> <p><input type="checkbox"/> Abroad (Pls. Specify) :</p> <p>In case of Sick leave:</p> <p><input type="checkbox"/> In Hospital (Pls. Specify) :</p> <p><input checked="" type="checkbox"/> Out Patient (Pls. Specify) : <u>Baybay City</u></p> <p>In case of Special Leave Benefits for Women: (Specify Illness)</p> <p>In case of Study leave:</p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> BAR/Board Examination Review</p> <p>Other purpose:</p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p> |
| <p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p><u>1 day</u></p> <p>Inclusive Dates</p> <p>07/29/2022 - 07/29/2022</p> | <p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p><u>VILLAREMO, MAREJEN A.</u></p> <p>(Signature of Applicant)</p> |

7. DETAILS OF ACTION ON APPLICATION

| <p>7.a CERTIFICATION OF LEAVE CREDITS</p> <p>AS of: <u>August 2022</u></p> <table border="1"> <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>REGINA C. BIBERA</p> <p>Office of the Head of Payroll and Leave Benefits</p> | | Vacation Leave | Sick Leave | Total Earned | | | Less this Application | | | Balance | | | <p>7.b RECOMMENDATION:</p> <p><input type="checkbox"/> For Approval</p> <p><input type="checkbox"/> For Disapproval due to:</p> <p><u>DHENBER C. LUSANTA</u></p> <p>Farm Resource Management Institute</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------|------------|--------------|--|--|-----------------------|--|--|---------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Vacation Leave | Sick Leave | | | | | | | | | | | |
| Total Earned | | | | | | | | | | | | | |
| Less this Application | | | | | | | | | | | | | |
| Balance | | | | | | | | | | | | | |
| <p>7.c APPROVED FOR:</p> <p>____ day(s) with pay ____ day(s) without pay</p> <p>Others (Specify):</p> | <p>7.d DISAPPROVED due to:</p> | | | | | | | | | | | | |

EDGARDO E. TULIN(Printed Name and Signature)
University President