



VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Republic of the Philippines

Stamp of Date of Receipt

ANNEX A

1. OFFICE/DEPT./DIVISION		Name (Last)		Name (First)		Name (Middle)																	
NARC		Pleños		Mary Cris		Flores																	
3. DATE OF FILING		4. POSITION		5. SALARY (Monthly)																			
03/28/2023		Instructor I																					
6. DETAILS OF APPLICATION																							
6.a TYPE OF LEAVE TO BE AVAILED OF:																							
6.b DETAILS OF LEAVE: In case of vacation/Special Privilege leave: ☐ Within the Philippines : ☐ Abroad (Pls. Specify) : In case of Sick leave: ☐ In Hospital (Pls. Specify) : ☐ Out Patient (Pls. Specify) : In case of Special Leave Benefits for Women: (Specify Illness) In case of Study leave: ☐ BAR/Board Examination Review ☐ Completion of Master's Degree ☐ Completion of Doctorate Degree ☐ Completion of PHD Degree Other purpose: ☐ Monetization of Leave Credits ☐ Terminal Leave																							
6.c NUMBER OF WORKING DAYS APPLIED FOR																							
Inclusive Dates 10 days 6.d COMMUTATION ☒ Requested ☐ Not Requested (Signature of Applicant) PLEÑOS, MARY CRIS F.																							
7. DETAILS OF ACTION ON APPLICATION																							
7.a CERTIFICATION OF LEAVE CREDITS																							
AS of: March 2023 <table border="1"> <tr> <td>Vacation Leave</td> <td>14.131</td> <td>Sick Leave</td> <td>36.917</td> </tr> <tr> <td>Total Earned</td> <td>14.131</td> <td></td> <td>36.917</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>14.131</td> <td></td> <td>36.917</td> </tr> </table> HONEY SOFIA V. COLLIS Office of the Director for Human Resource Management								Vacation Leave	14.131	Sick Leave	36.917	Total Earned	14.131		36.917	Less this Application				Balance	14.131		36.917
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Less this Application																							
Balance	14.131		36.917																				
7.b RECOMMENDATION:																							
☐ For Approval ☐ For Disapproval due to: ROMEL B. ARMECIN National Abaca Research Center																							
7.c APPROVED FOR:																							
day(s) with pay _____ day(s) without pay _____ Others (Specify):																							
7.d DISAPPROVED due to:																							
EDGARDO E. TULIN (Printed Name and Signature) University President																							