



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>Eco-FARMI</b>	<b>Villaremo</b>	<b>Marejen</b>	<b>Almedilla</b>												
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)												
<b>08/04/2025</b>	<b>Instructor II</b>														
<b>6. DETAILS OF APPLICATION</b>															
6.a TYPE OF LEAVE TO BE AVAILED OF:  <input type="checkbox"/> Adoption Leave <input type="checkbox"/> Calamity Leaved (Special Emergency Leave) <input type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <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"/> Sick <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privileges <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input checked="" type="checkbox"/> Vacation  Others: _____		6.b DETAILS OF LEAVE:  In case of vacation/Special Privilege leave: <input checked="" type="checkbox"/> Within the Philippines : <u>Mindanao</u> <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													
6.c NUMBER OF WORKING DAYS APPLIED FOR  <p style="text-align: center;"><u>5 days</u> Inclusive Dates  07/28/2025 - 08/01/2025</p>		6.d COMMUTATION  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested  <p style="text-align: center;"><i>[Signature]</i> <b>VILLAREMO, MAREJEN A.</b> (Signature of Applicant)</p>													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>August 2025</u> <table border="1" style="width: 100%;"> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </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> <p style="text-align: center;"><b>FLORANTE G. DIDAL</b> Payroll and Leave Benefits Office</p>			Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			7.b RECOMMENDATION:  <input type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to:  <p style="text-align: center;"><i>[Signature]</i> <b>ED ALLAN L. ALCOBER</b> Department of Agronomy</p>	
	Vacation Leave	Sick Leave													
Total Earned															
Less this Application															
Balance															
7.c APPROVED FOR: ____ day(s) with pay    ____ day(s) without pay Others (Specify): _____		7.d DISAPPROVED due to: _____													
<b>PROSE IVY G. YEPES</b> _____ (Printed Name and Signature) University President															