



Republic of the Philippines
VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT Department of Forest Science	2. NAME : (Last) BERONDO (First) JAIME (Middle) BESTUDIO
3. DATE OF FILING _____	4. POSITION Forest Ranger 5. SALARY ₱ 0.00

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)
- ☐ **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)
- ☐ **Special Privilege Leave** (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ **Solo Parent Leave** (R.A. 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** (R.A. 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** (R.A. 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:

Within the Philippines **Residence**

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 1/2 days

INCLUSIVE DATES

**DEC 20-23 and Half day of
DEC 24, 2021**

6.D COMMUTATION

Not Requested

Requested

JAIME B. BERONDO
(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 _____

ANATOLIO N. POLINAR
(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)