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) |
|---|---|---|---|
| **ISRDS** | **Delima** | **Gina** | **Abreo** |

| 3. DATE OF FILING | 4. POSITION | 5. SALARY (Monthly) |
|---|---|---|
| **05/18/2022** | **Instructor I** | |

## 6. DETAILS OF APPLICATION

**6.a TYPE OF LEAVE TO BE AVAILED OF:**

- ☐ Adoption
- ☒ Mandatory/Force
- ☐ Maternity
- ☐ Maternity - 7 days Transferable to father/alternate caregiver
- ☐ Maternity - additional 15 days for single mother
- ☐ Monetization
- ☐ Parental (Solo Parent)
- ☐ Paternity
- ☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Sabbatical
- ☐ Sick
- ☐ Special Emergency (Calamity)
- ☐ Special Leave Benefits for women
- ☐ Special Leave Privilege
- ☐ Study
- ☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)
- ☐ Vacation

Others: _____

**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:
- ☐ 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**

5 days

Inclusive Dates

05/23/2022 - 05/27/2022

**6.d COMMUTATION**

☐ Requested   ☒ Not Requested

**DELIMA, GINA A.**

(Signature of Applicant)

## 7. DETAILS OF ACTION ON APPLICATION

**7.a CERTIFICATION OF LEAVE CREDITS**

AS of: May 2022

| | Vacation Leave | Sick Leave |
|---|---|---|
| Total Earned | | |
| Less this Application | | |
| Balance | | |

**JENNIFER E. ANDO**

Office of the Head of Recruitment Selection Placement and Personnel Records

**7.b RECOMMENDATION:**

- ☐ For Approval
- ☐ For Disapproval due to:

**LILIAN B. NUñEZ**

Institute of Strategic Research & Development Studies

**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