



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

| 1. OFFICE/DEPARTMENT<br><b>Eco-FARMI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. NAME :                      | (Last)<br><b>Baldos</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (First)<br><b>Odelo</b> | (Middle)<br><b>B.</b> |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
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| 3. DATE OF FILING <b>April 22, 2022</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4. POSITION <b>Ag. Tech II</b> | 5. SALARY _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
| <b>6. DETAILS OF APPLICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
| 6.A TYPE OF LEAVE TO BE AVAILED OF<br><br><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)<br><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)<br><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)<br><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)<br><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)<br><input checked="" type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)<br><input type="checkbox"/> Adoption Leave (R.A. No. 8552)<br><br>Others: _____ |                                | 6.B DETAILS OF LEAVE<br><br><i>In case of Vacation/Special Privilege Leave:</i><br>Within the Philippines _____<br>Abroad (Specify) _____<br><br><i>In case of Sick Leave:</i><br>In Hospital (Specify Illness) _____<br>Out Patient (Specify Illness) _____<br><br><i>In case of Special Leave Benefits for Women:</i><br>(Specify Illness) _____<br><br><i>In case of Study Leave:</i><br>Completion of Master's Degree<br>BAR/Board Examination Review<br><br><i>Other purpose:</i><br>Monetization of Leave Credits<br>Terminal Leave |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
| 6.C NUMBER OF WORKING DAYS APPLIED FOR<br><br><b>5 days</b><br><br>INCLUSIVE DATES<br><b>May 2, 4, 5, 6, 9, 2022 April 29, May 2, 4, 5, 6, 2022</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | 6.D COMMUTATION<br><br>Not Requested<br>Requested<br><br><b>ODELO B. BALDOS</b><br>(Signature of Applicant)                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
| <b>7. DETAILS OF ACTION ON APPLICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
| 7.A CERTIFICATION OF LEAVE CREDITS<br><br>As of _____<br><table border="1" style="width: 100%; border-collapse: collapse;"><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><br><b>REGINA BIBERA, Adm. Officer II</b><br>(Authorized Officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Vacation Leave          | Sick Leave            | Total Earned |  |  | Less this application |  |  | Balance |  |  | 7.B RECOMMENDATION<br><br>For approval<br>For disapproval due to _____<br><br><b>DHENBER C. LUSANTA</b><br>OIC Director, Eco-FARMI<br>(Authorized Officer) |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Vacation Leave                 | Sick Leave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
| Total Earned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
| Less this application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
| Balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
| 7.C APPROVED FOR:<br><br>_____ days with pay<br>_____ days without pay<br>_____ others (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | 7.D DISAPPROVED DUE TO:<br><br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |
| <br><b>EDGARDO E. TULIN</b><br>President<br>(Authorized Official)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                       |              |  |  |                       |  |  |         |  |  |                                                                                                                                                            |  |  |