



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT: Office of the Vice Pres for Academic Affairs		2. NAME: (Last) (First) (Middle) BELONIAS BEATRIZ SATENTES													
3. DATE OF FILING January 06, 2022		4. POSITION: VP / Professor													
5. SALARY															
6. DETAILS OF APPLICATION															
6.A TYPE OF LEAVE TO BE AVAILED OF <input type="checkbox"/> Vacation Leave (Sec.51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec.25, Rule XVI, Omnibus Rules Implementing EO No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (RA No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (RA No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing EO No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Ten-Day VAWC Leave (RA No. 9262/CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing EO No. 292) <input checked="" type="checkbox"/> Special Leave Benefits for Women (RA No. 9710/CSC MC No. 25, s.2010) <input checked="" type="checkbox"/> Special Emergency/Calamity Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552) <input type="checkbox"/> Others: _____		6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (specify) _____ <i>In case of Sick Leave:</i> In Hospital (specify illness) _____ Out Patient (specify illness) _____ <i>In case of Special Leave Benefits for Women:</i> (Specify) _____ <i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave													
6.C NUMBER OF WORKING DAYS APPLIED FOR Four (4) Days INCLUSIVE DAYS January 7 am & 10-13, 2022		6.D COMMUTATION Not Requested Requested													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS AS OF _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;"><u>Vacation Leave</u></th> <th style="width: 30%; text-align: center;"><u>Sick Leave</u></th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Less this application</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Balance</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p style="text-align: center;">REGINA C. BIBERA Administrative Officer II (Authorized Officer)</p>			<u>Vacation Leave</u>	<u>Sick Leave</u>	Total Earned	_____	_____	Less this application	_____	_____	Balance	_____	_____	7.B RECOMMENDATION For approval For disapproval due to _____ <p style="text-align: center;">BEATRIZ S. BELONIAS Vice President for Academic Affairs (Authorized Officer)</p>	
	<u>Vacation Leave</u>	<u>Sick Leave</u>													
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 _____ _____ _____													
<p>EDGARDO E. TULIN President _____ (Authorized Official)</p>															