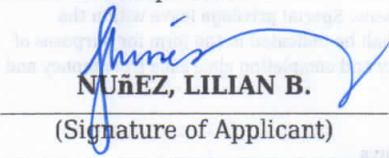
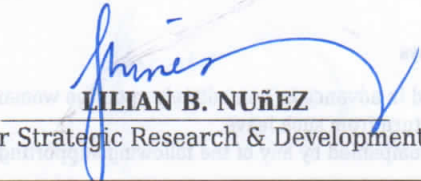




Republic of the Philippines  
**VISAYAS STATE UNIVERSITY**  
Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last) (First) (Middle)														
ISRDS	Nuñez	Lilian	Bandola												
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)													
08/08/2024	Associate Professor V														
6. DETAILS OF APPLICATION															
6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/> Maternity - additional 15 days for single mother <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"/> Sabbatical <input checked="" type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <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 type="checkbox"/> Vacation  Others: _____		6.b DETAILS OF LEAVE:  In case of vacation/Special Privilege leave: <input type="checkbox"/> Within the Philippines : <input type="checkbox"/> Abroad (Pls. Specify) :  In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input checked="" type="checkbox"/> Out Patient (Pls. Specify) : <u>Rest at home</u>  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  <u>1 day</u> Inclusive Dates  07/30/2024 - 07/30/2024		6.d COMMUTATION  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested   <b>NUÑEZ, LILIAN B.</b> (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>August 2024</u> <table><tr><td></td><td>Vacation Leave</td><td>Sick Leave</td></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>  <b>FLORANTE G. DIDAL</b> Payroll and Leave Benefits Office			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:   <b>LILIAN B. NUÑEZ</b> Institute for Strategic Research & Development Studies	
	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:													
<div>PROSE IVY G. YEPES</div> <div>(Printed Name and Signature)</div> <div>University President</div>															