




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)
IASO	Cruz	Maria Teresa	Aco
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
06/07/2022	Internal Auditor IV		

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 <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 type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input checked="" type="checkbox"/> Special Leave Privilege <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 checked="" type="checkbox"/> Within the Philippines : <u>VSU</u> <input type="checkbox"/> Abroad (Pls. Specify) : _____ In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : _____ <input type="checkbox"/> Out Patient (Pls. Specify) : _____ In case of Special Leave Benefits for Women: (Specify Illness) _____ In case of Study leave: <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
6.c NUMBER OF WORKING DAYS APPLIED FOR <u>0.5 days</u> Inclusive Dates <u>06/08/2022 - 06/08/2022</u>	6.d COMMUTATION <input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested  CRUZ, MARIA TERESA A. _____ (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>June 2022</u> <table border="1"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td>76.975</td> <td>173.825</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>76.975</td> <td>173.825</td> </tr> </tbody> </table> <p style="text-align: center;">REGINA C. BIBERA Office of the Head of Payroll and Leave Benefits</p>		Vacation Leave	Sick Leave	Total Earned	76.975	173.825	Less this Application			Balance	76.975	173.825	7.b RECOMMENDATION: <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: _____ <p style="text-align: center;">EDGARDO E. TULIN Office of the President</p>
	Vacation Leave	Sick Leave											
Total Earned	76.975	173.825											
Less this Application													
Balance	76.975	173.825											
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