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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT **Renewable Energy Research Center**	2. NAME : (Last) **GUARTE,** (First) **ROBERTO** (Middle) **C.**

3. DATE OF FILING __January 17, 2022__   4. POSITION __Professor VI__   5. SALARY __₱__

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF

☐ Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

☐ Mandatory/Forced Leave(Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

☐ Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

☐ Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)

☐ Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)

☑ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

☐ Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)

☐ Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

☐ 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)

☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

☐ Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)

☐ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)

☐ Adoption Leave (R.A. No. 8552)

Others:
_____

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

☑ Within the Philippines __Baybay City and Ormoc City__

☐ Abroad (Specify) _____

In case of Sick Leave:

☐ In Hospital (Specify Illness) _____

☐ Out Patient (Specify Illness) _____

_____

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

1 day
_____

INCLUSIVE DATES

January 18, 2022
_____

6.D COMMUTATION

☑ Not Requested

☐ Requested

_____
ROBERTO C. GUARTE
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of __January   2022__

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

_____
REGINA BIBERA, Adm. Officer II
(Authorized Officer)

7.B RECOMMENDATION

☑ For approval

☐ For disapproval due to _____

_____

_____

_____
MARIA JULIET C. CENIZA
(Authorized Officer)

7.C APPROVED FOR:

__1__ days with pay

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

_____

_____

_____

_____
EDGARDO E. TULIN
(Authorized Official)