



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)
FARMI	Gabunada	Fe	Macavinta
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
10/17/2022	Professor VI		

6. DETAILS OF APPLICATION**6.a TYPE OF LEAVE TO BE AVAILED OF:**

- ☐ Adoption
☐ Educational Tour (Local) (UADCO Resolution No. 7, s. 2008 and OP Memo Circular No. 18, 2009)
☐ Mandatory/Force
☐ Maternity
☐ Maternity - 7 days Transferable to father/alternate caregiver
☐ Maternity - additional 15 days for single mother
☐ Monetization
☐ Parental (Solo Parent)
☐ Paternity
☐ Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
☐ Sabbatical
☒ Sick
☐ Special Emergency (Calamity)
☐ Special Leave Benefits for women
☐ Special Leave Privilege
☐ Study
☐ VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)
☐ Vacation

Others: _____

6.b DETAILS OF LEAVE:**In case of vacation/Special Privilege leave:**

- ☐ Within the Philippines :
☐ Abroad (Pls. Specify) :

In case of Sick leave:

- ☐ In Hospital (Pls. Specify) :
☒ Out Patient (Pls. Specify) : Took care of a sick grandson

**In case of Special Leave Benefits for Women:
(Specify Illness)****In case of Study leave:**

- ☐ BAR/Board Examination Review
☐ Completion of Master's Degree
☐ Completion of Doctorate Degree
☐ Completion of PHD Degree

Other purpose:

- ☐ Monetization of Leave Credits
☐ Terminal Leave

6.c NUMBER OF WORKING DAYS APPLIED FOR3 days

Inclusive Dates

10/12/2022 - 10/14/2022

6.d COMMUTATION

- ☒ Requested ☐ Not Requested

GABUNADA, FE M.

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION**7.a CERTIFICATION OF LEAVE CREDITS**AS of: October 2022

	Vacation Leave	Sick Leave
Total Earned		
Less this Application		
Balance		

REGINA C. BIBERA

Office of the Head of Payroll and Leave Benefits

7.b RECOMMENDATION:

- ☐ For Approval
☐ For Disapproval due to:

DHENBER C. LUSANTA

Ecological Farm Resource & Management Institute

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