



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

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| <b>1. OFFICE/DEPARTMENT</b><br><p style="text-align: center;"><b>Department of Agronomy</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>2. NAME :</b> (Last) (First) (Middle)<br><p style="text-align: center;"><u>ESCASINAS</u> <u>RUTH</u> <u>OTAZA</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| <b>3. DATE OF FILING</b> <u>Dec. 2, 2021</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4. POSITION</b> <u>Professor</u> <b>5. SALARY</b> <u>₱113,545-</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| <b>6. DETAILS OF APPLICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| <b>6.A TYPE OF LEAVE TO BE AVAILED OF</b><br><div style="margin-top: 5px;"><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</div> <div style="margin-top: 10px;">Others: <u>CDU</u></div> | <b>6.B DETAILS OF LEAVE</b><br><div style="margin-top: 5px;"><i>In case of Vacation/Special Privilege Leave:</i><br/>Within the Philippines _____<br/>Abroad (Specify) _____</div> <div style="margin-top: 5px;"><i>In case of Sick Leave:</i><br/>In Hospital (Specify Illness) _____<br/>Out Patient (Specify Illness) _____</div> <div style="margin-top: 5px;"><i>In case of Special Leave Benefits for Women:</i><br/>(Specify Illness) _____</div> <div style="margin-top: 5px;"><i>In case of Study Leave:</i><br/>Completion of Master's Degree _____<br/>BAR/Board Examination Review _____<br/><i>Other purpose:</i><br/>Monetization of Leave Credits _____<br/>Terminal Leave _____</div> |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| <b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b><br><u>One 1 day</u><br><b>INCLUSIVE DATES</b><br><u>Dec 3, 2021</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>6.D COMMUTATION</b><br>Not Requested<br>Requested <u>Yes</u><br><div style="text-align: right;"><u>[Signature]</u><br/>(Signature of Applicant)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| <b>7. DETAILS OF ACTION ON APPLICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| <b>7.A CERTIFICATION OF LEAVE CREDITS</b><br>As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><tr><td style="width: 30%;"></td><td style="width: 35%;">Vacation Leave</td><td style="width: 35%;">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> <div style="text-align: center; margin-top: 10px;"><u>REGINA BIBERA, Adm. Officer II</u><br/>(Authorized Officer)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Vacation Leave | Sick Leave | Total Earned |  |  | Less this application |  |  | Balance |  |  | <b>7.B RECOMMENDATION</b><br>For approval<br>For disapproval due to _____<br><div style="text-align: center; margin-top: 20px;"><u>[Signature]</u><br/><b>ULYSSES A. CAGASAN</b><br/>Office/Dept./Unit<br/>(Authorized Officer)</div> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Vacation Leave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sick Leave     |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| Total Earned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| Less this application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| Balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| <b>7.C APPROVED FOR:</b><br>_____ days with pay<br>_____ days without pay<br>_____ others (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7.D DISAPPROVED DUE TO:</b><br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |
| <div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"><u>[Signature]</u><br/><b>EDGARDO E. TULIN</b><br/>President<br/>(Authorized Official)</div><div style="text-align: center;"><u>[Signature]</u><br/><b>12/3/21</b></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |            |              |  |  |                       |  |  |         |  |  |                                                                                                                                                                                                                                       |