Civil Service Form No. 6
Revised 2020

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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)
Dept. of Liberal Arts and Behavioral Sciences	**VILLAROYA, AL FRANJON MENDIOLA**		

3. DATE OF FILING ____ December 23, 2021 4. POSITION _____Instructor III_____ 5. SALARY _____**₱ 0.00**

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 ____**Residence**_____

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

5 days

INCLUSIVE DATES

January 10-14, 2022

6.D COMMUTATION

Not Requested

Requested

AL FRANJON M. VILLAROYA
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	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 _____

_____

_____

_____

JETT C. QUEBEC, DLABS Head
(Authorized Officer)

7.C APPROVED FOR:

_____ days with pay

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

_____

_____

_____

EDGARDO E. TULIN
President
(Authorized Official)