



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

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	NARC, VSU
2. NAME :	FLORIS (Last) MAUR ZANDP (First) H. (Middle)
3. DATE OF FILING	May 24, 2022
4. POSITION	Attorn. Aide III
5. SALARY	

6. DETAILS OF APPLICATION	
6.A TYPE OF LEAVE TO BE AVAILED OF	6.B DETAILS OF LEAVE
☐ 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 (R.A. No. 8972 / CSC MC No. 8, s. 2004) ☐ Study Leave (Sec. 88, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ 10-Day VAWC Leave (R.A. 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 (R.A. 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.C NUMBER OF WORKING DAYS APPLIED FOR _____ INCLUSIVE DATES _____ May 26 & 31, 2022 6.D COMMUTATION Not Requested _____ Requested _____ (Signature of Applicant) _____ Other purpose: Completion of Master's Degree BAR/Board Examination Review Monetization of Leave Credits Terminal Leave In case of Study Leave: _____ _____ (Specify illness) _____ In case of Special Leave Benefits for Women: _____ _____ In case of Sick Leave: _____ _____ In Hospital (Specify illness) _____ Out Patient (Specify illness) _____ Abroad (Specify) _____ Within the Philippines _____ In case of Vacation/Special Privilege Leave: _____

As of _____		
REGINA BIBERA, Am. Officer II		
(Authorized Officer)		
Total Earned	Vacation Leave	Sick Leave
Less this application		
Balance		

7.A CERTIFICATION OF LEAVE CREDITS

7.B RECOMMENDATION

For approval _____

For disapproval due to _____

ROBELLYN T. PIAMONTE
Director, NARC
(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)