

APPLICATION FOR LEAVE

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



Stamp of Date of Receipt

1. OFFICE/DEPARTMENT Visayas State University	2. NAME : (Last) JACOB (First) JOVELYN (Middle) GOFREDO	3. DATE OF FILING April 25, 2022	4. POSITION SRA	5. SALARY
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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. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ 10-Day VAWC Leave (R.A. No. 9262 / CSC MC No. 15, s. 2006) ☐ 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)	In case of Vacation/Special Privilege Leave: Within the Philippines _____ 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

INCLUSIVE DATES
5
April 27, 28, 29, May 5 & 6

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS	7.B RECOMMENDATION								
As of _____ <table border="1"> <tr> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <tr> <td>Total Earned</td> <td></td> </tr> <tr> <td>Less this application</td> <td></td> </tr> <tr> <td>Balance</td> <td></td> </tr> </table> HONEY SOFIA V. COLIS Head, PRPEO	Vacation Leave	Sick Leave	Total Earned		Less this application		Balance		For approval _____ For disapproval due to _____ ROBELYN T. PIAMONTE (Authorized Officer)
Vacation Leave	Sick Leave								
Total Earned									
Less this application									
Balance									

7.C APPROVED FOR:

_____ days with pay
 _____ days without pay
 _____ others (Specify) _____

EDGARDO E. TULIN
 President
 (Authorized Official)