



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)
<b>DSS</b>	<b>Pugoy</b>	<b>Rosalito</b>	<b>Aurora</b>
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
<b>08/01/2022</b>	<b>Farm Worker II</b>		

**6. DETAILS OF APPLICATION**

<b>6.a TYPE OF LEAVE TO BE AVAILED OF:</b> <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/> Maternity - additional 15 days for single mother <input type="checkbox"/> Monetization <input type="checkbox"/> Parental (Solo Parent) <input type="checkbox"/> Paternity <input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sabbatical <input type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input checked="" type="checkbox"/> Special Leave Privilege <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Vacation  Others: _____	<b>6.b DETAILS OF LEAVE:</b>  In case of vacation/Special Privilege leave: <input checked="" type="checkbox"/> Within the Philippines : <u>anniversary leave</u> <input type="checkbox"/> Abroad (Pls. Specify) : _____  In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : _____ <input type="checkbox"/> Out Patient (Pls. Specify) : _____  In case of Special Leave Benefits for Women: (Specify Illness) _____  In case of Study leave: <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review  Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
<b>6.c NUMBER OF WORKING DAYS APPLIED FOR</b>  <u>2 days</u> Inclusive Dates  08/01/2022 - 08/02/2022	<b>6.d COMMUTATION</b>  <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested   <div style="text-align: right;"> <b>PUGOY, ROSALITO A.</b>          _____          (Signature of Applicant)       </div>

**7. DETAILS OF ACTION ON APPLICATION**

<b>7.a CERTIFICATION OF LEAVE CREDITS</b> AS of: <u>August 2022</u> <table border="1" style="width: 100%;"> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </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;"> <b>REGINA C. BIBERA</b>          _____          Office of the Head of Payroll and Leave Benefits       </div>		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			<b>7.b RECOMMENDATION:</b>  <input type="checkbox"/> For Approval  <input type="checkbox"/> For Disapproval due to: _____  <div style="text-align: center;"> <b>SUZETTE B. LINA</b>          _____          Department of Soil Science       </div>
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
<b>7.c APPROVED FOR:</b> _____ day(s) with pay    _____ day(s) without pay Others (Specify): _____	<b>7.d DISAPPROVED due to:</b> _____												

**EDGARDO E. TULIN**