



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>Eco-FARMI</b>	<b>Baldos</b>	<b>Odelo</b>	<b>Balein</b>
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
<b>06/21/2023</b>	<b>Agricultural Technician II</b>		

**6. DETAILS OF APPLICATION**

6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input checked="" type="checkbox"/> Mandatory/Force <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 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: _____	6.b DETAILS OF LEAVE: In case of vacation/Special Privilege leave: <input type="checkbox"/> Within the Philippines : <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"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
6.c NUMBER OF WORKING DAYS APPLIED FOR <p style="text-align: center;"><b>1 day</b>          Inclusive Dates          06/27/2023 - 06/27/2023</p>	6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested <div style="text-align: center;">   <b>BALDOS ODELO B.</b>          (Signature of Applicant)       </div>

**7. DETAILS OF ACTION ON APPLICATION**

7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>June 2023</u> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <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> </tbody> </table> <p style="text-align: center;"><b>HONEY SOFIA V. COLIS</b>          Human Resource Management Office</p>		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			7.b RECOMMENDATION: <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: <p style="text-align: center;"><b>JEROME O. ARRIBADO</b>          Ecological Farm &amp; Resource Management Institute</p>
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
7.c APPROVED FOR: ___ day(s) with pay    ___ day(s) without pay Others (Specify): _____	7.d DISAPPROVED due to: _____												

**EDGARDO E. TULIN**
 (Printed Name and Signature)  
 University President