



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>PHYSICAL PLANT OFFICE</b>	2. NAME: (Last) (First) (Middle) <b>TUMULAK, GERONIMO T.</b>
3. DATE OF FILING: <b>1/6/2022</b>	4. POSITION: <b>Administrative Aide I</b>
5. SALARY _____	

### 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. 58, 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 \_\_\_\_\_

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

**GERONIMO T. TUMULAK**

(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 \_\_\_\_\_

**RODEN D. TROYO**

(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)