



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>Dmet</b>		<b>Lor</b>		<b>Daniel</b>	<b>Cristobal</b>									
3. DATE OF FILING		4. POSITION		5. SALARY (Monthly)										
<b>11/30/2021</b>		<b>Instructor I</b>												
6. DETAILS OF APPLICATION														
6.a TYPE OF LEAVE TO BE AVAILED OF:			6.b DETAILS OF LEAVE:											
<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: _____			In case of vacation/Special Privilege leave: <input checked="" type="checkbox"/> Within the Philippines : <u>Baybay City, Leyte</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											
6.c NUMBER OF WORKING DAYS APPLIED FOR			6.d COMMUTATION											
2 days Inclusive Dates <u>12/13/2021 - 12/14/2021</u>			<input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested <u>LOR, DANIEL C.</u> (Signature of Applicant)											
7. DETAILS OF ACTION ON APPLICATION														
7.a CERTIFICATION OF LEAVE CREDITS			7.b RECOMMENDATION:											
AS of: November 2021														
<table border="1"> <tr> <td>Total Earned</td> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </table>			Total Earned	Vacation Leave	Sick Leave	Less this Application			Balance			<input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: _____		
Total Earned	Vacation Leave	Sick Leave												
Less this Application														
Balance														
<b>HONEY SOFIA V. COLLIS</b> Office of the Director for Human Resource Management			<b>JANNED C. BENCURE</b> Department of Geodetic Engineering											
7.c APPROVED FOR:			7.d DISAPPROVED due to:											
day(s) with pay    day(s) without pay Others (Specify): _____														
_____ <b>EDGARDO E. JULIN</b> (Printed Name and Signature) University President														



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6.c NUMBER OF WORKING DAYS APPLIED FOR			6.d COMMUTATION		
<u>1 day</u> Inclusive Dates  <u>11/29/2021 - 11/29/2021</u>			<input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested  <u>LOR, DANIEL C.</u> (Signature of Applicant)		
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AS of: November 2021					
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		Sick Leave			
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<b>HONEY SOFIA V. COLLIS</b> Office of the Director for Human Resource Management			<b>JANNET C. BENCURE</b> Department of Geodetic Engineering		
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day(s) with pay _____ day(s) without pay _____ Others (Specify): _____					
_____ (Printed Name and Signature) <b>EDGARDO E. TULIN</b> University President					