



Republic of the Philippines

VISAYAS STATE UNIVERSITY

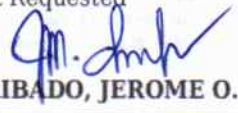
Visca, Baybay City, Leyte

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

|                          |               |                     |          |
|--------------------------|---------------|---------------------|----------|
| 1. OFFICE/DEPT./DIVISION | Name (Last)   | (First)             | (Middle) |
| Eco-FARMI                | Arribado      | Jerome              | Orcales  |
| 3. DATE OF FILING        | 4. POSITION   | 5. SALARY (Monthly) |          |
| 11/26/2024               | Instructor II |                     |          |

## 6. DETAILS OF APPLICATION

|  |   |
|--|---|
| 6.a TYPE OF LEAVE TO BE AVAILED OF:<br><input type="checkbox"/> Adoption<br><input type="checkbox"/> Mandatory/Force<br><input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver<br><input type="checkbox"/> Maternity - additional 15 days for single mother<br><input type="checkbox"/> Monetization<br><input type="checkbox"/> Parental (Solo Parent)<br><input type="checkbox"/> Paternity<br><input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input checked="" type="checkbox"/> Sick<br><input type="checkbox"/> Special Emergency (Calamity)<br><input type="checkbox"/> Special Leave Benefits for women<br><input type="checkbox"/> Special Leave Privileges<br><input type="checkbox"/> Study<br><input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)<br><input type="checkbox"/> Vacation<br><br>Others: _____ | 6.b DETAILS OF LEAVE:<br><br>In case of vacation/Special Privilege leave:<br><input type="checkbox"/> Within the Philippines :<br><input type="checkbox"/> Abroad (Pls. Specify) :<br><br>In case of Sick leave:<br><input type="checkbox"/> In Hospital (Pls. Specify) :<br><input checked="" type="checkbox"/> Out Patient (Pls. Specify) : <u>headache</u><br><br>In case of Special Leave Benefits for Women:<br>(Specify Illness)<br><br>In case of Study leave:<br><input type="checkbox"/> BAR/Board Examination Review<br><input type="checkbox"/> Completion of Master's Degree<br><input type="checkbox"/> Completion of Doctorate Degree<br><input type="checkbox"/> Completion of PHD Degree<br><br>Other purpose:<br><input type="checkbox"/> Monetization of Leave Credits<br><input type="checkbox"/> Terminal Leave |
| 6.c NUMBER OF WORKING DAYS APPLIED FOR<br><br>1 day<br>Inclusive Dates<br><br>11/25/2024 - 11/25/2024  | 6.d COMMUTATION<br><br><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested<br><br><br><b>ARRIBADO, JEROME O.</b><br>(Signature of Applicant)  |

## 7. DETAILS OF ACTION ON APPLICATION

|   |                         |                |            |              |  |  |                       |  |  |         |  |  |  |
|---|-------------------------|----------------|------------|--------------|--|--|-----------------------|--|--|---------|--|--|--|
| 7.a CERTIFICATION OF LEAVE CREDITS<br>AS of: <u>November 2024</u><br><table><tr><td></td><td>Vacation Leave</td><td>Sick Leave</td></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><br><br><b>FLORANTE G. DIDAL</b><br>Payroll and Leave Benefits Office |                         | Vacation Leave | Sick Leave | Total Earned |  |  | Less this Application |  |  | Balance |  |  | 7.b RECOMMENDATION:<br><br><input type="checkbox"/> For Approval<br><br><input type="checkbox"/> For Disapproval due to:<br><br><br><b>SANTIAGO T. PEÑA JR.</b><br>Office of the Vice President for Research, Extension and Innovation |
|   | Vacation Leave          | Sick Leave     |            |              |  |  |                       |  |  |         |  |  |  |
| Total Earned  |                         |                |            |              |  |  |                       |  |  |         |  |  |  |
| Less this Application   |                         |                |            |              |  |  |                       |  |  |         |  |  |  |
| Balance   |                         |                |            |              |  |  |                       |  |  |         |  |  |  |
| 7.c APPROVED FOR:<br>____ day(s) with pay    ____ day(s) without pay<br>Others (Specify):   | 7.d DISAPPROVED due to: |                |            |              |  |  |                       |  |  |         |  |  |  |

PROSE IVY G. YEPES

(Printed Name and Signature)  
University President