



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>ITEEM</b>	<b>GORRE</b>	<b>ELVIRA</b>	<b>BULAWAN</b>
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
<b>03/24/2023</b>	<b>Administrative Assistant II</b>		

**6. DETAILS OF APPLICATION**

<p>6.a TYPE OF LEAVE TO BE AVAILED OF:</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Mandatory/Force</p> <p><input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver</p> <p><input type="checkbox"/> Maternity - additional 15 days for single mother</p> <p><input checked="" type="checkbox"/> Monetization</p> <p><input type="checkbox"/> Parental (Solo Parent)</p> <p><input type="checkbox"/> Paternity</p> <p><input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sabbatical</p> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Special Emergency (Calamity)</p> <p><input type="checkbox"/> Special Leave Benefits for women</p> <p><input type="checkbox"/> Special Leave Privilege</p> <p><input type="checkbox"/> Study</p> <p><input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input type="checkbox"/> Vacation</p> <p>Others: _____</p>	<p>6.b DETAILS OF LEAVE:</p> <p>In case of vacation/Special Privilege leave:</p> <p><input type="checkbox"/> Within the Philippines :</p> <p><input type="checkbox"/> Abroad (Pls. Specify) :</p> <p>In case of Sick leave:</p> <p><input type="checkbox"/> In Hospital (Pls. Specify) :</p> <p><input type="checkbox"/> Out Patient (Pls. Specify) :</p> <p>In case of Special Leave Benefits for Women: (Specify Illness)</p> <p>In case of Study leave:</p> <p><input type="checkbox"/> BAR/Board Examination Review</p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> Completion of Doctorate Degree</p> <p><input type="checkbox"/> Completion of PHD Degree</p> <p>Other purpose:</p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>
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<p>6.c NUMBER OF WORKING DAYS APPLIED FOR</p> <p style="text-align: center;"><u>20 days</u></p> <p style="text-align: center;">Inclusive Dates</p>	<p>6.d COMMUTATION</p> <p><input checked="" type="checkbox"/> Requested    <input type="checkbox"/> Not Requested</p> <p style="text-align: center;"><b>GORRE, ELVIRA B.</b></p> <p style="text-align: center;">_____ (Signature of Applicant)</p>
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**7. DETAILS OF ACTION ON APPLICATION**

<p>7.a CERTIFICATION OF LEAVE CREDITS</p> <p>AS of: <u>March 2023</u></p> <table border="1" style="width: 100%;"> <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> <p style="text-align: center;"><b>HONEY SOFIA V. COLIS</b></p> <p style="text-align: center;">Office of the Director for Human Resource Management</p>		Vacation Leave	Sick Leave	Total Earned			Less this Application			Balance			<p>7.b RECOMMENDATION:</p> <p><input checked="" type="checkbox"/> For Approval</p> <p><input type="checkbox"/> For Disapproval due to:</p> <p style="text-align: center;"><b>ELIZA D. ESPINOSA</b></p> <p style="text-align: center;">Institute of Tropical Ecology &amp; Envi. Mgmt.</p>
	Vacation Leave	Sick Leave											
Total Earned													
Less this Application													
Balance													
<p>7.c APPROVED FOR:</p> <p><u>20</u> day(s) with pay    ___ day(s) without pay</p> <p>Others (Specify):</p>	<p>7.d DISAPPROVED due to:</p>												

**EDGARDO E. TULIN**

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(Printed Name and Signature)  
University President