



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)
Dmet		Lor		Daniel	Cristobal
3. DATE OF FILING		4. POSITION		5. SALARY (Monthly)	
02/16/2022		Instructor I			
6. DETAILS OF APPLICATION					
6.a TYPE OF LEAVE TO BE AVAILED OF:			6.b DETAILS OF LEAVE:		
<input type="checkbox"/> Adoption <input checked="" 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 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 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"/> 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		
1 day Inclusive Dates 02/15/2022 - 02/15/2022			<input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested LOR, DANIEL C. _____ (Signature of Applicant)		
7 DETAILS OF ACTION ON APPLICATION					
7.a CERTIFICATION OF LEAVE CREDITS			7.b RECOMMENDATION:		
AS of: February 2022					
		Vacation Leave	Sick Leave		
Total Earned					
Less this Application					
Balance					
HONEY SOFIA V. COLLIS Office of the Director for Human Resource Management			JANNET C. BENCURE Department of Geodetic Engineering		
7.c APPROVED FOR:			7.d DISAPPROVED due to:		
_____ day(s) with pay _____ day(s) without pay Others (Specify):					
EDGARDO E. TULIN _____ (Printed Name and Signature) University President					