



Visayas State University

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Office of the President

10 December 2010

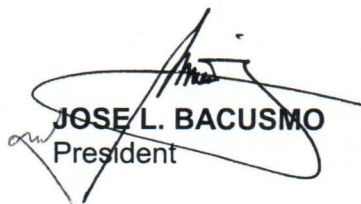
MEMORANDUM NO. 272
Series of 2010

To: **Mr. Norjito B. Quimco**

Re: **Recall of Forced Leave**

Due to the exigency of your services, your application for forced leave on Dec. 20, 21 and 22, 2010 is hereby recalled.

You are requested to report to office on the said dates. Please be guided accordingly.

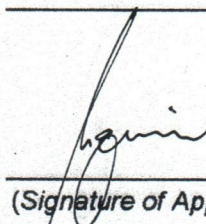

JOSE L. BACUSMO
President

Cc: Ms. Teresita L. Quiñanola – PRPEO

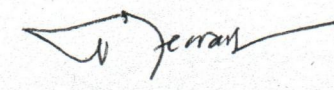
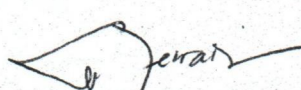
APPLICATION FOR LEAVE

1. OFFICE/AGENCY: DPBG, VSU	2. NAME: (Last) QUIMCO,	(First) NORJITO	(Middle) BONTIA
3. DATE OF FILING: Q3-Dec-10	4. POSITION: Admin. Aide III	5. SALARY (Monthly):	

DETAILS OF APPLICATION

6. a) TYPE OF LEAVE: <input checked="" type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (specify): <u>FORCED Leave</u> <input type="checkbox"/> Sick <input type="checkbox"/> Special Leave Privilege (SLP) <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Others (specify): _____	6. b) WHERE LEAVE WILL BE SPENT: In Case of Vacation Leave: <input type="radio"/> Within the Philippines <input type="radio"/> Abroad (specify) _____ In Case of Sick Leave: <input type="radio"/> In Hospital (Specify) _____ <input type="radio"/> Abroad (specify) _____
6. c) NUMBER OF WORKING DAYS APPLIED FOR: _____ 3 day(s) Inclusive Dates: <u>Dec. 20-22, 2010</u>	6. d) COMMUTATION: <input type="radio"/> Requested <input type="radio"/> Not Requested <div style="text-align: right;">  (Signature of Applicant) </div>

DETAILS OF ACTION ON APPLICATION

7. a) CERTIFICATION OF LEAVE STATUS: Balance as of: _____ <table border="1" style="width: 100%;"> <tr> <th>Vacation</th> <th>Sick</th> <th>SLP</th> <th>CDO</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <div style="text-align: center;"> <u>TERESITA L. QUIÑANOLA</u> (Head, HRMDO) </div>	Vacation	Sick	SLP	CDO					7. b) RECOMMENDATION: <input type="radio"/> Approved <input type="radio"/> Disapproved Due To: _____ <div style="text-align: center;">  <u>DILBERTO O. FERRAREN</u> (Immediate Supervisor/Office Head) </div>
Vacation	Sick	SLP	CDO						
7. c) APPROVED: For: _____ days with pay _____ days without pay _____ others (specify) _____	7. d) DISAPPROVED: Due to: _____ _____ <div style="text-align: center;">  (Signature) <u>DILBERTO O. FERRAREN</u> (Authorized Official) </div>								

INSTRUCTIONS:

1. Application for vacation or sick leave for one full day or more shall be made on this form and to be accomplished at least in duplicate.
2. Application for vacation leave shall be filed in advance or whenever possible (5) days before going on such leave.
3. Application for sick leave filed in advance, or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, the applicant should execute an affidavit.
4. An employee who is absent without approved leave shall not be entitled to receive his salary corresponding to the period of his unauthorized leave of absence.
5. An application for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities.