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LA-2022-0519-33439

Stamp of Date of Receipt

(Middle)

VSU Integrated High School

MAMOLO

LEO

A.

3. DATE OF FILING \_\_\_\_\_ 4. POSITION \_\_\_\_\_ Asst. Prof. I \_\_\_\_\_ 5. SALARY \_\_\_\_\_

## 6. DETAILS OF APPLICATION

## 6.A TYPE OF LEAVE TO BE AVAILED OF

- ☐ Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☒ Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
- ☐ Paternity Leave (R.A. No. 8167 / CSC MC No. 71, s. 1998, as amended)
- ☐ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
- ☐ Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)
- ☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- ☐ Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)
- ☐ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- ☐ Adoption Leave (R.A. No. 8552)

Others: \_\_\_\_\_

## 6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

Within the Philippines \_\_\_\_\_

Abroad (Specify) \_\_\_\_\_

In case of Sick Leave:

In Hospital (Specify Illness) \_\_\_\_\_

Out Patient (Specify Illness) \_\_\_\_\_

In case of Special Leave Benefits for Women:

(Specify Illness) \_\_\_\_\_

In case of Study Leave:

Completion of Master's Degree

BAR/Board Examination Review

Other purpose:

Monetization of Leave Credits

Terminal Leave

## 6.C NUMBER OF WORKING DAYS APPLIED FOR

1 day

INCLUSIVE DATES

May 16, 2022

## 6.D COMMUTATION

Not Requested

Requested

(Signature of Applicant)

## 7. DETAILS OF ACTION ON APPLICATION

## 7.A CERTIFICATION OF LEAVE CREDITS

As of \_\_\_\_\_

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

REGINA BIBERA, Adm. Officer II

(Authorized Officer)

## 7.B RECOMMENDATION

For approval

For disapproval due to \_\_\_\_\_

SHALOM GRACE C. SUGANO

(Authorized Officer)

## 7.C APPROVED FOR:

\_\_\_\_\_ days with pay

\_\_\_\_\_ days without pay

\_\_\_\_\_ others (Specify)

## 7.D DISAPPROVED DUE TO:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDGARDO E. TULIN  
President

(Authorized Official)