




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>IASO</b>	<b>Cruz</b>	<b>Maria Teresa</b>	<b>Aco</b>
3. DATE OF FILING	4. POSITION		5. SALARY (Monthly)
<b>02/12/2023</b>	<b>Internal Auditor IV</b>		

**6. DETAILS OF APPLICATION**

<b>6.a TYPE OF LEAVE TO BE AVAILED OF:</b> <input type="checkbox"/> Adoption <input 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 checked="" 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: _____	<b>6.b DETAILS OF LEAVE:</b> In case of vacation/Special Privilege leave: <input checked="" type="checkbox"/> Within the Philippines : <u>Ormoc</u> <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"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree  Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
<b>6.c NUMBER OF WORKING DAYS APPLIED FOR</b>  <u>1 day</u> Inclusive Dates  02/14/2023 - 02/14/2023	<b>6.d COMMUTATION</b> <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested   <b>CRUZ, MARIA TERESA A.</b> (Signature of Applicant)

**7. DETAILS OF ACTION ON APPLICATION**

<b>7.a CERTIFICATION OF LEAVE CREDITS</b> AS of: <u>February 2023</u> <table border="1"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td>82.17</td> <td>184.075</td> </tr> <tr> <td>Less this Application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td>82.170</td> <td>184.075</td> </tr> </tbody> </table> <p style="text-align: center;"><b>REGINA C. BIBERA</b> Office of the Head of Payroll and Leave Benefits</p>		Vacation Leave	Sick Leave	Total Earned	82.17	184.075	Less this Application			Balance	82.170	184.075	<b>7.b RECOMMENDATION:</b> <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to:  <p style="text-align: center;"><b>EDGARDO E. TULIN</b> Office of the President</p>
	Vacation Leave	Sick Leave											
Total Earned	82.17	184.075											
Less this Application													
Balance	82.170	184.075											
<b>7.c APPROVED FOR:</b> ____ day(s) with pay    ____ day(s) without pay Others (Specify): _____	<b>7.d DISAPPROVED due to:</b>  												

**EDGARDO E. TULIN**(Printed Name and Signature)  
University President