



Republic of the Philippines
VISAYAS STATE UNIVERSITY
Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT		2. NAME : (Last) (First) (Middle)													
ODS		BRIT, CHONA AMPD													
3. DATE OF FILING 23-Dec-21		4. POSITION GUIDANCE COUNSELOR III 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. 8187 / 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 <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____ <i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____ _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ _____ <i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave													
6.C NUMBER OF WORKING DAYS APPLIED FOR 4 Days INCLUSIVE DATES December 24, 27-29, 2021		6.D COMMUTATION Not Requested Requested _____ (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><tr><td style="width: 30%;"></td><td style="width: 35%;">Vacation Leave</td><td style="width: 35%;">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> REGINA BIBERA, Am. Officer II (Authorized Officer)			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ _____ _____ MANOLO B. LORETO, JR. Office/Dept./Unit (Authorized Officer)	
	Vacation Leave	Sick Leave													
Total Earned															
Less this application															
Balance															
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify)		7.D DISAPPROVED DUE TO: _____ _____ _____													
EDGARDO E. TULIN President (Authorized Official)															