



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

Stamp of Date of Receipt

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <div style="text-align: center;">Department of Soil Science</div>		2. NAME : (Last) (First) (Middle) <div style="text-align: center;">Capricho, Joserose B.</div>													
3. DATE OF FILING <u>Apr. 28, 2022</u>		4. POSITION <u>Adm. Aide IV</u> 5. SALARY _____													
<b>6. DETAILS OF APPLICATION</b>															
6.A TYPE OF LEAVE TO BE AVAILED OF <div style="margin-top: 10px;"><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input checked="" type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552)  Others: _____</div>		6.B DETAILS OF LEAVE <div style="margin-top: 10px;"><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</div>													
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>2 (two) days</u> INCLUSIVE DATES <u>April 28 - 29, 2022</u>		6.D COMMUTATION Not Requested <input checked="" type="checkbox"/> Requested <div style="text-align: right; margin-top: 10px;">_____ (Signature of Applicant)</div>													
<b>7. DETAILS OF ACTION ON APPLICATION</b>															
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%; text-align: center;">Vacation Leave</td><td style="width:35%; text-align: center;">Sick Leave</td></tr><tr><td style="text-align: center;">Total Earned</td><td></td><td></td></tr><tr><td style="text-align: center;">Less this application</td><td></td><td></td></tr><tr><td style="text-align: center;">Balance</td><td></td><td></td></tr></table> <div style="text-align: center; margin-top: 20px;"><b>REGINA BIBERA, Adm. Officer II</b> (Authorized Officer)</div>			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ <div style="text-align: right; margin-top: 40px;">_____ SUZETTE B. LINA (Authorized Officer)</div>	
	Vacation Leave	Sick Leave													
Total Earned															
Less this application															
Balance															
7.C APPROVED FOR: _____ <u>2</u> ____ days with pay ____ days without pay ____ others (Specify)		7.D DISAPPROVED DUE TO:													
<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"> <b>EDGARDO E. TULIN</b> President (Authorized Official)</div><div style="text-align: center;"></div></div>															