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)
	SERIÑO	MOISES NEIL	VILLAFLOR

3. DATE OF FILING ____ Dec. 13, 2021	4. POSITION Dean	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. 1996, 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

5 days

INCLUSIVE DATES

Dec. 22,23, 27, 28 & 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 ____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

REGINA BIBERA, Am. Officer II
(Authorized Officer)

7.B RECOMMENDATION

For approval

For disapproval due to
_____
_____
_____

BEATRIZ S. BELONIAS
VP for Academic Affairs
(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)