



APPLICATION FOR LEAVE

| | | | |
|---|-------------------------------|--------------------------|------------------------|
| 1. OFFICE/DEPARTMENT VSU PAVILION | 2. NAME : (Last) Godoy | (First) Arrah Mae | (Middle) Cuevas |
| 3. DATE OF FILING Nov. 22, 2021 | 4. POSITION FSS1 | 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

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

November 23, 2021

6.D COMMUTATION

Not Requested

Requested

anj

(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 _____

jomlanosa

JOSEFINA M. LARROSA
(Authorized Officer)

7.C APPROVED FOR:

_____ days with pay

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

fw jomlanosa

EDGARDO E. TULIN
President
(Authorized Official)