

APPLICATION FOR LEAVE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|----------|------|-------|---|---|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. OFFICE/DEPT./DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name (Last)  | (First)                                                                                                                                                                                                                                                                                                         | (Middle)            |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| DAE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Soroño       | Triana                                                                                                                                                                                                                                                                                                          | Faustino            |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| 3. DATE OF FILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4. POSITION  |                                                                                                                                                                                                                                                                                                                 | 5. SALARY (Monthly) |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| 02/09/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Instructor I |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| 6. DETAILS OF APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| 6.a TYPE OF LEAVE:<br><br>Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | 6.b WHERE LEAVE WILL BE SPENT:<br>(1) In case of vacation leave<br><input type="checkbox"/> Within the Philippines<br><input type="checkbox"/> Abroad (Pls. Specify)<br>(2) In case of Sick leave<br><input type="checkbox"/> In Hospital (Pls. Specify)<br><input type="checkbox"/> Out Patient (Pls. Specify) |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| 6.c NUMBER OF WORKING DAYS APPLIED FOR<br><br>2<br>Inclusive Dates<br><br>02/10/2021 - 02/11/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | 6.d COMMUTATION<br><br><input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested<br><br>SOROÑO, TRIANA F.<br><br>(Signature of Applicant)                                                                                                                                            |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| 7. DETAILS OF ACTION ON APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| 7.a CERTIFICATION OF LEAVE CREDITS<br>AS of: February 2021<br><table><tr><td colspan="3">Number of Days</td></tr><tr><td>Vacation</td><td>Sick</td><td>Total</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table><br><br>HONEY SOFIA V. COLIS<br>Office of the Head of Recruitment Selection<br>Placement and Personnel Records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | Number of Days                                                                                                                                                                                                                                                                                                  |                     |  | Vacation | Sick | Total | 0 | 0 | 0 | 7.b RECOMMENDATION:<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Disapproved due to:<br><br>ELDON P. DE PADUA<br>Department of Agricultural Engineering |  |
| Number of Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| Vacation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sick         | Total                                                                                                                                                                                                                                                                                                           |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0            | 0                                                                                                                                                                                                                                                                                                               |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| 7.c APPROVED FOR:<br>____ day(s) with pay    ____ day(s) without pay<br>Others (Specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | 7.d DISAPPROVED due to:                                                                                                                                                                                                                                                                                         |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| EDGARDO E. TULIN<br><br>(Printed Name and Signature)<br>University President<br><br>Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| INSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |
| 1. Application for vacation or sick leave of one fully day or more shall be made on this Form and to be accomplished in duplicate.<br>2. Application for vacation leave shall be filed in advance or whenever possible five (5) days before going on such leave.<br>3. Application for sick leave filed in advance or exceeding five (5) days shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by the applicant.<br>4. An employee who is absent without approved leave shall not be entitled to receive his/her salary corresponding to the period of his/her unauthorized leave of absence.<br>5. An applicant for leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money and property accountabilities. |              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                     |  |