

APPLICATION FOR LEAVE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--|----------|------|-------|---|---|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. OFFICE/DEPT./DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name (Last) (First) (Middle) |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                             |  |
| CN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Acob                         | Joel Rey                                                                                                                                                                                                                                                                                                        | Ugsang              |  |          |      |       |   |   |   |                                                                                                                                                                                             |  |
| 3. DATE OF FILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4. POSITION                  |                                                                                                                                                                                                                                                                                                                 | 5. SALARY (Monthly) |  |          |      |       |   |   |   |                                                                                                                                                                                             |  |
| 03/23/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Assistant Professor II       |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                             |  |
| 6. DETAILS OF APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                             |  |
| 6.a TYPE OF LEAVE:<br><br>Force                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | 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>1<br>Inclusive Dates<br><br>03/25/2021 - 03/25/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | 6.d COMMUTATION<br><br><input type="checkbox"/> Requested <input checked="" type="checkbox"/> Not Requested<br><br>ACOB, JOEL REY U.<br><br>(Signature of Applicant)                                                                                                                                            |                     |  |          |      |       |   |   |   |                                                                                                                                                                                             |  |
| 7. DETAILS OF ACTION ON APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                             |  |
| 7.a CERTIFICATION OF LEAVE CREDITS<br>AS of: March 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 Director for Human Resource Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | 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>BEATRIZ S. BELONIAS<br>Office of the Vice President for Instruction |  |
| 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. |                              |                                                                                                                                                                                                                                                                                                                 |                     |  |          |      |       |   |   |   |                                                                                                                                                                                             |  |