



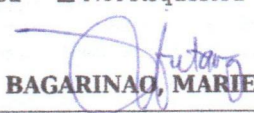

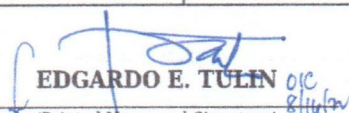
Republic of the Philippines

**VISAYAS STATE UNIVERSITY**

Visca, Baybay City, Leyte

Stamp of Date of Receipt

**APPLICATION FOR LEAVE**

|  |                             |  |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
|--|-----------------------------|--|---------------------|------------|--------------|-------------------------|--|-----------------------|-----------------------------|--|---------|-----------------|--|---|--|
| 1. OFFICE/DEPT./DIVISION   | Name (Last)                 | (First)  | (Middle)            |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| DA   | Bagarinao                   | Mariedith  | Itang               |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| 3. DATE OF FILING  | 4. POSITION                 |  | 5. SALARY (Monthly) |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| 07/08/2022   | Instructor III              |  |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| <b>6. DETAILS OF APPLICATION</b>   |                             |  |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| 6.a TYPE OF LEAVE TO BE AVAILED OF:<br><input type="checkbox"/> Adoption<br><input type="checkbox"/> Mandatory/Force<br><input checked="" type="checkbox"/> Maternity<br><input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver<br><input type="checkbox"/> Maternity - additional 15 days for single mother<br><input type="checkbox"/> Monetization<br><input type="checkbox"/> Parental (Solo Parent)<br><input type="checkbox"/> Paternity<br><input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)<br><input type="checkbox"/> Sabbatical<br><input type="checkbox"/> Sick<br><input type="checkbox"/> Special Emergency (Calamity)<br><input type="checkbox"/> Special Leave Benefits for women<br><input type="checkbox"/> Special Leave Privilege<br><input type="checkbox"/> Study<br><input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005)<br><input type="checkbox"/> Vacation<br>Others: _____ |                             | 6.b DETAILS OF LEAVE:<br><br>In case of vacation/Special Privilege leave:<br><input type="checkbox"/> Within the Philippines :<br><input type="checkbox"/> Abroad (Pls. Specify) :<br><br>In case of Sick leave:<br><input type="checkbox"/> In Hospital (Pls. Specify) :<br><input type="checkbox"/> Out Patient (Pls. Specify) :<br><br>In case of Special Leave Benefits for Women:<br>(Specify Illness)<br><br>In case of Study leave:<br><input type="checkbox"/> Completion of Master's Degree<br><input type="checkbox"/> BAR/Board Examination Review<br><br>Other purpose:<br><input type="checkbox"/> Monetization of Leave Credits<br><input type="checkbox"/> Terminal Leave |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| 6.c NUMBER OF WORKING DAYS APPLIED FOR<br><u>105 days</u><br>Inclusive Dates<br>07/18/2022 - 10/30/2022  |                             | 6.d COMMUTATION<br><input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested<br><br><br><b>BAGARINAO, MARIEDITH I.</b><br>(Signature of Applicant)  |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| <b>7. DETAILS OF ACTION ON APPLICATION</b>   |                             |  |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| 7.a CERTIFICATION OF LEAVE CREDITS<br>AS of: <u>July 2022</u> <table border="1"> <tr> <td></td> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <tr> <td>Total Earned</td> <td><u>105 calendar dys</u></td> <td></td> </tr> <tr> <td>Less this Application</td> <td><u>Maternity leave with</u></td> <td></td> </tr> <tr> <td>Balance</td> <td><u>full pay</u></td> <td></td> </tr> </table><br><b>REGINA C. BIBERA</b><br>Office of the Head of Payroll and Leave Benefits  |                             |  | Vacation Leave      | Sick Leave | Total Earned | <u>105 calendar dys</u> |  | Less this Application | <u>Maternity leave with</u> |  | Balance | <u>full pay</u> |  | 7.b RECOMMENDATION:<br><br><input type="checkbox"/> For Approval<br><input type="checkbox"/> For Disapproval due to:<br><br><br><b>RUTH O. ESCASINAS</b><br>Department of Agronomy |  |
|  | Vacation Leave              | Sick Leave   |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| Total Earned   | <u>105 calendar dys</u>     |  |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| Less this Application  | <u>Maternity leave with</u> |  |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| Balance  | <u>full pay</u>             |  |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| 7.c APPROVED FOR:<br><u>105</u> day(s) with pay    ___ day(s) without pay<br>Others (Specify): _____   |                             | 7.d DISAPPROVED due to: _____  |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |
| <br><b>EDGARDO E. TULIN</b><br>(Printed Name and Signature)<br>University President   |                             |  |                     |            |              |                         |  |                       |                             |  |         |                 |  |   |  |