



Republic of the Philippines
Biliran Province State University
P. Inocentes St., Naval, Biliran

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT		2. NAME : (Last) (First) (Middle)													
		<<Last Name>> <<First Name>> <<Middle Name>>													
3. DATE OF FILING April 17, 2021		4. POSITION Administrative Assistant I 5. SALARY ₱ 0.00													
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 Residence 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 2 days INCLUSIVE DATES April 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 March 2021 <table><tr><td></td><td>Vacation Leave</td><td>Sick Leave</td></tr><tr><td>Total Earned</td><td></td><td></td></tr><tr><td>Less this application</td><td></td><td></td></tr><tr><td>Balance</td><td></td><td></td></tr></table> _____ (Authorized Officer)			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ _____ _____ _____ _____ (Authorized Officer)	
	Vacation Leave	Sick Leave													
Total Earned															
Less this application															
Balance															
7.C APPROVED FOR: 2 days with pay days without pay others (Specify)		7.D DISAPPROVED DUE TO: _____ _____ _____													
_____ (Authorized Official)															

