



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

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

<p>6.A TYPE OF LEAVE TO BE AVAILED OF</p> <p>Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p>Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p>Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p>Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</p> <p>Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</p> <p>Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p>Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</p> <p>Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p>10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p>Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p>Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</p> <p>Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</p> <p>Adoption Leave (R.A. No. 8552)</p> <p><i>Others:</i> _____ _____</p>	<p>6.B DETAILS OF LEAVE</p> <p><i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Residence _____ Abroad (Specify) _____</p> <p><i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____ _____</p> <p><i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ _____</p> <p><i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review</p> <p><i>Other purpose:</i> Monetization of Leave Credits Terminal Leave</p>
<p>6.C NUMBER OF WORKING DAYS APPLIED FOR</p> <p>2 days</p> <p>INCLUSIVE DATES</p> <p>April 28-29, 2021</p>	<p>6.D COMMUTATION</p> <p>Not Requested</p> <p>Requested</p>
<p>(Signature of Applicant)</p>	

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS		
As of <u>March 2021</u>		
	Vacation Leave	Sick Leave
<i>Total Earned</i>		
<i>Less this application</i>		
<i>Balance</i>		
(Authorized Officer)		
7.B RECOMMENDATION		
For approval _____		
For disapproval due to _____ _____ _____		
(Authorized Officer)		

<p>7.C APPROVED FOR:</p> <p><input checked="" type="checkbox"/> 2 days with pay <input type="checkbox"/> days without pay <input type="checkbox"/> others (Specify) _____</p>	<p>7.D DISAPPROVED DUE TO:</p> <hr/> <hr/> <hr/>
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