



Republic of the Philippines
University of Southeastern Philippines
Iñigo St., Bo. Obrero, Davao City, 8000

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____	2. NAME : (Last) _____ (First) _____ (Middle) _____	
3. DATE OF FILING _____	4. POSITION _____	5. SALARY _____

6. DETAILS OF APPLICATION

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

7. DETAILS OF ACTION ON APPLICATION

<p>7.A CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Vacation Leave</th> <th style="width:35%;">Sick Leave</th> </tr> </thead> <tbody> <tr> <td><i>Total Earned</i></td> <td></td> <td></td> </tr> <tr> <td><i>Less this application</i></td> <td></td> <td></td> </tr> <tr> <td><i>Balance</i></td> <td></td> <td></td> </tr> </tbody> </table> <p>_____</p> <p>(Authorized Officer)</p>		Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>			<p>7.B RECOMMENDATION</p> <p><input type="checkbox"/> For approval</p> <p><input type="checkbox"/> For disapproval due to _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Authorized Officer)</p>
	Vacation Leave	Sick Leave											
<i>Total Earned</i>													
<i>Less this application</i>													
<i>Balance</i>													

<p>7.C APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p>7.D DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>_____</p> <p>(Authorized Official)</p>	