



APPLICATION FOR LEAVE

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

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 _____
- ☐ 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

INCLUSIVE DATES

6.D COMMUTATION

- ☐ Not Requested
- ☐ Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	Vacation Leave	Sick Leave
<i>Total Earned</i>		
<i>Less this application</i>		
<i>Balance</i>		

DEBBIE ANN FATIMA N. BARRERA, MPA

HRMO

7.B RECOMMENDATION

- ☐ For approval
- ☐ For disapproval due to _____

(Authorized Officer)

7.C APPROVED FOR:

_____ days with pay
 _____ days without pay
 _____ others (Specify)

7.D DISAPPROVED DUE TO:

ENRIQUE G. BAKING, Ed. D.
SUC PRESIDENT III