

APPLICATION FOR LEAVE

ANNEX A

1. OFFICE/DEPARTMENT	2. Name:	(Last)	(First)	(Middle)
DSWD XII	LIDASAN	NAILA	DIAMROD	
3. DATE OF FILING	4. POSITION : PDO II	4. SALARY	36,619	
SEPT. 7, 2023				

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILABLE OF	6.B DETAILS OF LEAVE
<input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input checked="" type="checkbox"/> Sick Leave (Sec. 42, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210/IRR issued by CSC, DOLE, and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (R.A. No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552)	<input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review <input type="checkbox"/> Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave <input type="checkbox"/> In case of Vacation/Special Privilege Leave: <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (Specify) <input type="checkbox"/> In case of Sick Leave: <input type="checkbox"/> In Hospital (Specify illness) <input checked="" type="checkbox"/> Out Patient (Specify illness) <u>Hypertension and headache</u> <input type="checkbox"/> In case of Special Leave Benefits for Women: <input type="checkbox"/> (Specify illness)

6.C NUMBER OF WORKING DAYS APPLIED FOR	6.D COMMUTATION
8 days	<input type="checkbox"/> Not Requested <input type="checkbox"/> Not Requested <input checked="" type="checkbox"/> (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS	7.B RECOMMENDATION									
As of _____ <table border="1"> <tr> <td>Total Earned</td> <td>Vacation Leave</td> <td>Sickness Leave</td> </tr> <tr> <td>Less this application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </table>	Total Earned	Vacation Leave	Sickness Leave	Less this application			Balance			For approval <input type="checkbox"/> For disapproval due to _____ <input type="checkbox"/>
Total Earned	Vacation Leave	Sickness Leave								
Less this application										
Balance										

7.C APPROVED FOR:	7.D DISAPPROVED DUE TO:
AO V/HRMDD-PAS Head NORHAYMA P. MAMACOTAO	PDO V/OIC-Chief, Pantawid NAIFAH S. BALINDONG, MSSW
days with pay _____ days without pay _____ others (Specify) _____	BAILANO A. SALIK-ALI, RSW, MTSW ARD for Administration