



Republic of the Philippines
Department of Health
DAVAO OCCIDENTAL GENERAL HOSPITAL



APPLICATION FOR LEAVE

DATE RECEIVED: _____

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

6.A TYPE OF LEAVE TO BE AVAILED OF <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 type="checkbox"/> Sick Leave (Sec. 43, 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 (RA 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) <i>Others:</i> _____	6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____ <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____ _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ _____ <i>In case of Study Leave:</i> <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
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6.C NUMBER OF WORKING DAYS APPLIED FOR _____ INCLUSIVE DATES _____	6.D COMMUTATION <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested _____ (Signature of Applicant)
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7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th><th></th></tr></thead><tbody><tr><td>Total Earned</td><td></td><td></td><td></td></tr><tr><td>Less this application</td><td></td><td></td><td></td></tr><tr><td>Balance</td><td></td><td></td><td></td></tr></tbody></table> FREDERICK R. FLORDELIZA Administrative Officer IV - Human Resource Management Officer II		Vacation Leave	Sick Leave		Total Earned				Less this application				Balance				7.B RECOMMENDATION <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ _____ _____ _____ _____ Authorized Official
	Vacation Leave	Sick Leave															
Total Earned																	
Less this application																	
Balance																	

7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify)	7.D DISAPPROVED DUE TO: _____ _____ _____
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GLINARD L. QUEZADA, MD, FPSGS, MBA-HA
Medical Center Chief I