



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNKAHOY

Mun. Human Resource Management Office
Mataasnakahoy

RECEIVED

Stamp or Date of Receipt

By: *J. Tipan*
DATE: 4/12/2023 TIME: 10:09 am

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)												
Sangguniang Bayan	CALINISAN	LOURDES	OROZO												
3. DATE OF FILING <u>April 12, 2023</u>	4. POSITION : <u>SB MEMBER</u>	5. SALARY <u>GRADE 24</u>													
6. DETAILS OF APPLICATION															
6.A TYPE OF LEAVE TO BE AVALIED 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. 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 (RA No. 8552)		<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													
Others: _____															
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>.2 DAYS</u> INCLUSIVE DATES <u>March 16 and 17, 2023</u>		6.D COMMUTATION <input checked="" type="checkbox"/> Not Requested <input type="checkbox"/> Requested <i>lourdes</i> (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS As of <u>April 12, 2023</u>		7.B RECOMMENDATION													
<table border="1"><tr><td></td><td>Vacation Leave</td><td>Sick Leave</td></tr><tr><td>Total Earned</td><td>9.00</td><td>10.00</td></tr><tr><td>Less this application</td><td>-</td><td>2</td></tr><tr><td>Balance</td><td>9.00</td><td>8.00</td></tr></table> <i>GALLY D. TIPAN</i> MHRMO			Vacation Leave	Sick Leave	Total Earned	9.00	10.00	Less this application	-	2	Balance	9.00	8.00	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For disapproval due to _____ <i>JAY MANALO ILAGAN</i> Municipal Vice Mayor	
	Vacation Leave	Sick Leave													
Total Earned	9.00	10.00													
Less this application	-	2													
Balance	9.00	8.00													
7.C APPROVED FOR: <u>2</u> days with pay <u> </u> days without pay <u> </u> others (Specify)		7.D DISAPPROVED DUE TO: _____ _____ _____													
<i>JAY MANALO ILAGAN</i> Municipal Vice Mayor															



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Province of Batangas
MUNICIPALITY OF MATAASNKAHOY

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APPLICATION FOR LEAVE

DATE: 4/12/2023 TIME: 10:00 am

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)
Sangguniang Bayan	CALINISAN	LOURDES	OROZO

3. DATE OF FILING April 12, 2023 4. POSITION : SB MEMBER 5. SALARY GRADE 24

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVALIED 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

5 DAYS

INCLUSIVE DATES

March 20-24, 2023

6.D COMMUTATION

- Not Requested
- Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of April 12, 2023

	Vacation Leave	Sick Leave
Total Earned	9.00	8.00
Less this application	-	3
Balance	9.00	5.00

GALLY D. TIPAN

MHRMO

7.B RECOMMENDATION

- For approval
- For disapproval due to _____

JAY MANALO ILAGAN

Municipal Vice Mayor

7.C APPROVED FOR:

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

7.D DISAPPROVED DUE TO:

JAY MANALO ILAGAN
Municipal Vice Mayor



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHAY

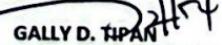
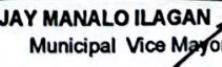
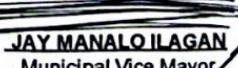
Mun. Human Resource Management Office
Mataasnakahoy

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Atipon

4/12/2023 TIME: 10:00 AM

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)												
Sangguniang Bayan	CALINISAN	LOURDES	OROZO												
3. DATE OF FILING	4. POSITION : SB MEMBER	5. SALARY GRADE 24													
6. DETAILS OF APPLICATION															
6.A TYPE OF LEAVE TO BE AVAILED OF <input checked="" 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. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (RA No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (RA 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 (RA No. 8552)		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													
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>5 DAYS</u> INCLUSIVE DATES <u>March 27- 31, 2023</u>		6.D COMMUTATION <input checked="" type="checkbox"/> Not Requested <input type="checkbox"/> Requested <hr/> <div style="text-align: right;">  (Signature of Applicant) </div>													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS As of <u>April 12, 2023</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> <tr> <td>Total Earned</td> <td>9.00</td> <td>3.00</td> </tr> <tr> <td>Less this application</td> <td>2</td> <td>3</td> </tr> <tr> <td>Balance</td> <td>7.00</td> <td>-</td> </tr> </table> <div style="text-align: center; margin-top: 10px;">  GALLY D. TIPAN MHRMO </div>			Vacation Leave	Sick Leave	Total Earned	9.00	3.00	Less this application	2	3	Balance	7.00	-	7.B RECOMMENDATION <input type="checkbox"/> For approval <input checked="" type="checkbox"/> For disapproval due to <u> </u> <hr/> <div style="text-align: right;">  JAY MANALO ILAGAN Municipal Vice Mayor </div>	
	Vacation Leave	Sick Leave													
Total Earned	9.00	3.00													
Less this application	2	3													
Balance	7.00	-													
7.C APPROVED FOR: <input checked="" type="checkbox"/> days with pay <input type="checkbox"/> days without pay <input type="checkbox"/> others (Specify) <u> </u>		7.D DISAPPROVED DUE TO: <hr/> <div style="text-align: right;">  JAY MANALO ILAGAN Municipal Vice Mayor </div>													



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Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Mun. Human Resource Management Office

Mataasnakahoy

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DATE:

TIME:

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)												
Sangguniang Bayan	CALINISAN	LOURDES	OROZO												
3. DATE OF FILING	April 12, 2023	4. POSITION :	SB MEMBER												
5. SALARY GRADE 24															
6. DETAILS OF APPLICATION															
6.A TYPE OF LEAVE TO BE AVAILED OF <p> <input checked="" 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) </p> <p>Others:</p> <hr/>		6.B DETAILS OF LEAVE <p> <i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____ </p> <p> <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> 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> <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review </p> <p> <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave </p>													
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>3</u> DAYS INCLUSIVE DATES <u>April 3 - 5, 2023</u>		6.D COMMUTATION <input checked="" type="checkbox"/> Not Requested <input type="checkbox"/> Requested <hr/> <div style="text-align: right;">  (Signature of Applicant) </div>													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS As of <u>April 12, 2023</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> <tr> <td>Total Earned</td> <td>8.25</td> <td>1.25</td> </tr> <tr> <td>Less this application</td> <td>3</td> <td>-</td> </tr> <tr> <td>Balance</td> <td>5.25</td> <td>1.25</td> </tr> </table> <div style="text-align: right; margin-top: 10px;">  GALLY D. TIPAN MHRMO </div>			Vacation Leave	Sick Leave	Total Earned	8.25	1.25	Less this application	3	-	Balance	5.25	1.25	7.B RECOMMENDATION <input type="checkbox"/> For approval <input checked="" type="checkbox"/> For disapproval due to _____ <hr/> <div style="text-align: right;">  JAY MANALO ILAGAN Municipal Vice Mayor </div>	
	Vacation Leave	Sick Leave													
Total Earned	8.25	1.25													
Less this application	3	-													
Balance	5.25	1.25													
7.C APPROVED FOR: <u>3</u> days with pay <u> </u> days without pay <u> </u> others (Specify)		7.D DISAPPROVED DUE TO: <hr/> <hr/> <div style="text-align: right;">  JAY MANALO ILAGAN Municipal Vice Mayor </div>													



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Mun. Human Resource Management Office

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Mpnr

DATE: 4/12/2023 TIME: 10:00 am

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)									
Sangguniang Bayan	CALINISAN	LOURDES	OROZO									
3. DATE OF FILING <u>April 12, 2023</u>	4. POSITION : <u>SB MEMBER</u>	5. SALARY <u>GRADE 24</u>										
6. DETAILS OF APPLICATION												
6.A TYPE OF LEAVE TO BE AVAILED OF <p><input checked="" 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 (RA No. 8552)</p> <p>Others:</p> <hr/>		6.B DETAILS OF LEAVE <p><i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____</p> <p><i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> 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> <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review</p> <p><i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave</p>										
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>4 DAYS</u> INCLUSIVE DATES <u>April 11-14, 2023</u>		6.D COMMUTATION <input checked="" type="checkbox"/> Not Requested <input type="checkbox"/> Requested <hr/> <i>brwlyz</i> (Signature of Applicant)										
7. DETAILS OF ACTION ON APPLICATION												
7.A CERTIFICATION OF LEAVE CREDITS As of <u>April 12, 2023</u> <table border="1"> <tr> <td>Total Earned</td> <td>Vacation Leave</td> <td>Sick Leave</td> </tr> <tr> <td>Less this application</td> <td><u>4</u></td> <td><u>-</u></td> </tr> <tr> <td>Balance</td> <td><u>1.25</u></td> <td><u>1.25</u></td> </tr> </table> <p><i>2154</i></p> <p>GALLY D. TIPAN MHRMO</p>		Total Earned	Vacation Leave	Sick Leave	Less this application	<u>4</u>	<u>-</u>	Balance	<u>1.25</u>	<u>1.25</u>	7.B RECOMMENDATION <input type="checkbox"/> For approval <input checked="" type="checkbox"/> For disapproval due to _____ <hr/> <hr/> <p>JAY MANALO ILAGAN Municipal Vice Mayor</p>	
Total Earned	Vacation Leave	Sick Leave										
Less this application	<u>4</u>	<u>-</u>										
Balance	<u>1.25</u>	<u>1.25</u>										
7.C APPROVED FOR: <input checked="" type="checkbox"/> days with pay <input type="checkbox"/> days without pay <input type="checkbox"/> others (Specify)		7.D DISAPPROVED DUE TO: <hr/> <hr/>										
<p><i>[Handwritten signatures]</i></p> <p>JAY MANALO ILAGAN Municipal Vice Mayor</p>												



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNKAHOY

Mun. Human Resource Management Office
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DATE:

Atipan
4/17/23 TIME: 2:30 PM

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)
Sangguniang Bayan	CALINISAN	LOURDES	OROZO
3. DATE OF FILING	4. POSITION : SB MEMBER		
5. SALARY GRADE 24			

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF	6.B DETAILS OF LEAVE
<input checked="" 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 (RA. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (RA. 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 (RA No. 8552)	<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
Others:	

6.C NUMBER OF WORKING DAYS APPLIED FOR	6.D COMMUTATION
<u>2 DAYS</u>	<input checked="" type="checkbox"/> Not Requested <input type="checkbox"/> Requested <i>lourdes</i> (Signature of Applicant)
INCLUSIVE DATES	
<u>April 17 and 18, 2023</u>	

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS	7.B RECOMMENDATION												
As of <u>April 17, 2023</u>	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For disapproval due to _____ <i>JAY MANALO ILAGAN</i> Municipal Vice Mayor												
<table border="1"> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> <tr> <td>Total Earned</td> <td>1.25</td> <td>1.25</td> </tr> <tr> <td>Less this application</td> <td>1</td> <td>1</td> </tr> <tr> <td>Balance</td> <td>.25</td> <td>.25</td> </tr> </table> <i>GALLY D. TIPAN</i> MHRMO		Vacation Leave	Sick Leave	Total Earned	1.25	1.25	Less this application	1	1	Balance	.25	.25	
	Vacation Leave	Sick Leave											
Total Earned	1.25	1.25											
Less this application	1	1											
Balance	.25	.25											

7.C APPROVED FOR:	7.D DISAPPROVED DUE TO:
<u>2</u> days with pay <u> </u> days without pay <u> </u> others (Specify) <i>JAY MANALO ILAGAN</i> Municipal Vice Mayor	<u> </u> <u> </u> <u> </u>



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Province of Batangas
MUNICIPALITY OF MATAASNKAHOY

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RECEIVED

APPLICATION FOR LEAVE

BY:

DATE:
(First) April 17, 2023

TIME: 2:30 PM

1. OFFICE/DEPARTMENT

2. NAME : (Last)

Sangguniang Bayan

CALINISAN

LOURDES

OROZO

3. DATE OF FILING April 17, 2023 4. POSITION : SB MEMBER 5. SALARY GRADE 24

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVALIED 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 (RA. No. 11210 / IRR issued by CSC, DOLE and SSS)
- Paternity Leave (RA. 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 (RA. 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

2 DAYS

INCLUSIVE DATES

April 19 and 20, 2023

6.D COMMUTATION

- Not Requested
- Requested

Jay Manalo Ilagan

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of April 17, 2023

	Vacation Leave	Sick Leave
Total Earned	1.00	1.00
Less this application	1.00	1.00
Balance	—	—

GALLY D. TIPAN

MHRMO

7.B RECOMMENDATION

- For approval *N*
- For disapproval due to _____

JAY MANALO ILAGAN

Municipal Vice Mayor

7.C APPROVED FOR:

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

7.D DISAPPROVED DUE TO:

- _____
- _____
- _____

JAY MANALO ILAGAN

Municipal Vice Mayor



JOSE R. REYES MEMORIAL MEDICAL CENTER

Rizal Avenue, Sta. Cruz, Manila

HEALTH INFORMATION MANAGEMENT DEPARTMENT MEDICAL RECORDS SECTION

MEDICAL CERTIFICATE

Department of: NEUROLOGY

OPD01036

Date

April 28, 2023

Hospital No.

2023011896

TO WHOM IT MAY CONCERN:

This is to certify that LOURDES O. CALINISAN F (sex), 47, years of age, has been seen and examined in this hospital on April 14, 2023 up to x-x-x-x-x with a diagnosis of:

Status Epilepticus

x-x-x-x-x

Note: Fit to work

ROMANO AGUSTIN D. PANGAN, M.D.

ATTENDING PHYSICIAN

/shen

JRRMMC-F-MRS-IC-02

December 15, 2021

Revision No.: 1

Page 1 of 1

Lhara Minique L.
S2-16340265
Ex-1015
JRRMMC-F-MRS-IC-02

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIE. CS ID No. _____ (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CALINISAN		
FIRST NAME	LOURDES	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	OROZO		
3. DATE OF BIRTH (mm/dd/yyyy)	2/9/1976	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	MATAASNAKAHOY		Pls. indicate country: _____
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: _____	17. RESIDENTIAL ADDRESS ZIP CODE	N/A PUROK 1 House/Block/Lot No. Street N/A KINALAGLAGAN Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province 4223
7. HEIGHT (m)			
8. WEIGHT (kg)		18. PERMANENT ADDRESS ZIP CODE	N/A PUROK 1 House/Block/Lot No. Street N/A KINALAGLAGAN Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province 4223
9. BLOOD TYPE	O+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	04-0859030-3	19. TELEPHONE NO.	N/A
14. TIN NO.	268-708-603-000	20. MOBILE NO.	0910-855-8332
15. EMPLOYEE NO.	SBO008	21. E-MAIL ADDRESS (if any)	calinisanlourdesorozo@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.	CALINISAN		23. NAME of CHILDREN (Write full name and list all) JOSEPH NAME EXTENSION (JR., SR.) SR DIMAYUGA	DATE OF BIRTH (mm/dd/yyyy) 07/29/1996 10/27/1997 05/21/2003 09/22/2005 07/09/2009 07/06/2011
	JOSEPH	NAME EXTENSION (JR., SR.) SR		
	DIMAYUGA			
	N/A			
	N/A			
	N/A			
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	OROZO		NOTHING FOLLOWS	
TEOFILO	NAME EXTENSION (JR., SR.) N/A			
QUIATZON				
25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME	DE VILLA			
ROSARIO				
CARANDANG				

(Continue on separate sheet if necessary)

EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/Academic Honors Received
			From	To			
ELEMENTARY	KINALAGLAGAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1983	1989	GRADUATE	1989	N/A
SECONDARY	LA PURISIMA CONCEPCION ACADEMY	HIGH SCHOOL	1989	1992	3RD YEAR	1992	N/A
VOCATIONAL / TRADE COURSE	BAYORBOR	ALTERNATIVE LEARNING SYSTEM	2021	2022	GRADUATE	2022	N/A
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

January 20, 2023

CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL SERVICE ELIGIBILITY

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0Y") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
JANUARY 1, 2023	PRESENT	MUNICIPAL COUNCILOR	LOCAL GOVERNMENT UNIT	P 67,559.00	24-1	ELECTIVE	N
July 1, 2022	DEC. 2022	MUNICIPAL COUNCILOR	LOCAL GOVERNMENT UNIT	P 66,308.00	24-1	ELECTIVE	N
2019	2021	JOB ORDER	DSWD/O/LGU MATAASNAKAHOY	P 6,000.00	N/A	CONTRACTUAL	N
2014	2015	SAMPLE MAKER	SAMPLE/ LHK	P 8,500.00	N/A	CONTRACTUAL	N
1999	2007	SEWING LINE LEADER	MAHA FASHION LEATHER	P 18,000.00	N/A	REGULAR	N
1997	1999	SEWER	KAYLEE FASHION	P 10,000.00	NA	CONTRACTUAL	N

NOTHING FOLLOWS

(Continue on separate sheet if necessary)

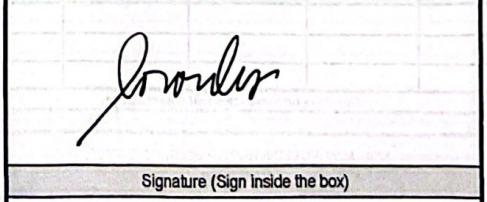
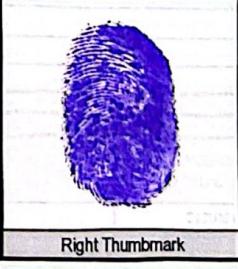
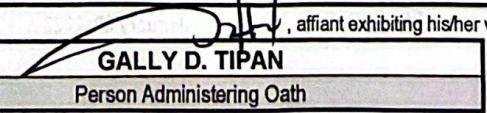
SIGNATURE

London

DATE

January 20, 2023

CS FORM 212 (Revised 2017), Page 2 of 4

<p>34. Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career)</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>									
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p>Date Filed: _____ Status of Case/s: _____</p>									
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>									
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>									
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>									
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____</p>									
<p>40.</p> <p>a. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following:</p> <p>Are you a member of any indigenous group?</p> <p>Are you a person with disability?</p> <p>Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</p>									
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33%;">NAME</th> <th style="text-align: center; width: 33%;">ADDRESS</th> <th style="text-align: center; width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">VICE MAYOR JAY M. ILAGAN</td> <td style="text-align: center;">SANTOL, MATAASNAKAHOY</td> <td style="text-align: center;">0917-517-7337</td> </tr> <tr> <td style="text-align: center;">COUNCILOR LEMUEL V. DE OCAMPO</td> <td style="text-align: center;">BAYORBOR, MATAASNAKAHOY</td> <td style="text-align: center;">0917-882-0585</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	VICE MAYOR JAY M. ILAGAN	SANTOL, MATAASNAKAHOY	0917-517-7337	COUNCILOR LEMUEL V. DE OCAMPO	BAYORBOR, MATAASNAKAHOY	0917-882-0585
NAME	ADDRESS	TEL. NO.								
VICE MAYOR JAY M. ILAGAN	SANTOL, MATAASNAKAHOY	0917-517-7337								
COUNCILOR LEMUEL V. DE OCAMPO	BAYORBOR, MATAASNAKAHOY	0917-882-0585								
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>										
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Government Issued ID:</td> <td style="width: 50%;">TIN ID</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>609-057-146</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>BIR</td> </tr> </table>	Government Issued ID:	TIN ID	ID/License/Passport No.:	609-057-146	Date/Place of Issuance:	BIR	 <p>Signature (Sign inside the box)</p> <p>January 20, 2023</p> <p>Date Accomplished</p>  <p>Right Thumbmark</p>			
Government Issued ID:	TIN ID									
ID/License/Passport No.:	609-057-146									
Date/Place of Issuance:	BIR									
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <p style="text-align: center;"> GALLY D. TIPAN Person Administering Oath</p>										



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL VICE MAYOR

TRAVEL AUTHORITY

This is to authorize Hon. LOURDES O. CALINISAN, Sangguniang Bayan Member, this municipality to travel abroad (Singapore) as per approved Application for Leave for the period of November 19, 20, 21 and 22, 2022 on personal account. No government fund will be utilized for the aforementioned travel abroad.

Issued this 27th day of October, 2022 at Mataasnakahoy, Batangas.

Dr. JAY MANALO ILAGAN,
Municipal Vice Mayor

Cc:

Office of the Sangguniang Bayan
HRMO
DILG

Joining hands for Mataasnakahoy Interest



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

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HRMO
DILG

Joining hands for Mataasnakahoy Interest

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CLEARANCE FORM

I PURPOSE

11-03-2022

Date of Application

TO: LOCAL GOVERNMENT UNIT, MATAASNAKAHOY

I hereby apply for clearance from money, property and work-related accountabilities for:

Purpose: Transfer Resignation Other Mode of Separation:
 Retirement Leave Please specify:

Effectivity/ Inclusive Period:

Office Assignment: Office of the Sangguniang Bayan Position/SG/Step: SB Member SG-24 Step 1	Hon. LOURDES O. CALINISAN Name and Signature of Official
--	---

II CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES

I hereby certify that this applicant is cleared of work-related accountabilities from the office of the Sangguniang Bayan

Hon. JAY MANALO ILAGAN

Municipal Vice Mayor

Name of Unit/Office/Department	Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
a. Office of the Mayor- GSO Section	✓		EMILIA R. MALAHAN	<u>✓</u>
b. Office of the Municipal Treasury	✓		LADY IVY T. HIBALGA	<u>✓</u>
* As to money Accountability				
c. Office of the Municipal Accountant			JENILYN C. CHAKAAN	
* As to cash advance	✓			
d. Office of the Mun. Human Res. Mgt.	✓		GARY B. TIPAN	<u>✓</u>

IV CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:				
a. Office of the Municipal Mayor				
	_____ with pending administrative case	_____ with ongoing investigation (no formal charge yet)		

V CERTIFICATION

THIS IS TO CERTIFY that Hon. LOURDES O. CALINISAN has no account/liabilities with the above named offices, and therefore she is cleared of any accountabilities.

JANET MAGPANTAY ILAGAN
Municipal Mayor



Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
Region IV-A (CALABARZON)
Province of Batangas
Municipality of MATAASNAKAHOY
OFFICE OF THE MUNICIPAL LOCAL GOVERNMENT OPERATIONS OFFICER
Email Address: jaocampo_mj@yahoo.com.ph

C E R T I F I C A T I O N

TO WHOM IT MAY CONCERN:

This is to Certify that based on records available in this Office, Hon. **LOURDES OROZO CALINISAN**, resident of Brgy. KINALAGLAGAN, Mataasnakahoy, Batangas was duly elected **Sangguniang Bayan Member**, this municipality during the National and Local elections held on May 09, 2022.

She was performing the duties, functions and responsibilities in her office from noon of June 30, 2022 up to present.

Issued this 13th day of July 2022 at Mataasnakahoy, Batangas.


GUILLERMO A. OCAMPO JR.
MLGOO





Republic of the Philippines

OATH OF OFFICE

I, LOURDES OROZO CALINISAN, of Mataasnakahoy, Batangas, having been elected as MUNICIPAL COUNCILOR of Mataasnakahoy, Batangas, hereby solemnly swear that I will well and faithfully discharge to the best of my ability the duties of my present position and of all others I may hereafter hold under the Republic of the Philippines; that I will support and defend the Constitution of the Philippines; that I will bear the true faith and allegiance to the same; and that I will obey the laws, legal orders, and decrees promulgated by the duly constituted authorities of the Republic of the Philippines; and that I impose this obligation upon myself voluntarily, without mental reservation or purpose of evasion.

So help me God.

Lourdes
HON. LOURDES OROZO CALINISAN
Municipal Councilor

Subscribed and sworn to before me this 27th of June 2022 at Mataasnakahoy, Batangas

Arleen V. Collantes
HON. MA. THERESA VALENCIA COLLANTES
Congresswoman
3rd District of Batangas

Republic of the Philippines
COMMISSION ON ELECTIONS

CEF No. 25

MAY 9, 2022 NATIONAL AND LOCAL ELECTIONS

CERTIFICATE OF CANVASS OF VOTES AND PROCLAMATION
OF WINNING CANDIDATES FOR MEMBER, SANGGUNIANG BAYAN

WE, THE UNDERSIGNED MEMBERS of the MUNICIPAL BOARD OF CANVASSERS do hereby certify under oath that we have duly canvassed the votes cast in 34 precincts for the Candidates therein for MEMBER, SANGGUNIANG BAYAN in the elections held on May 9, 2022. Attached hereto and forming part hereof is a Statement of Votes by Precinct (CEF No. 20-A) garnered by each candidate:

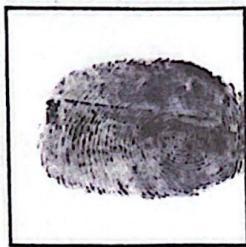
NAME OF WINNING CANDIDATES	NUMBER OF VOTES OBTAINED
DIMAANO, PUTO (AKSYON) (AKSYON DEMOKRATIKO)	8477
LAQUI, KAREN (AKSYON) (AKSYON DEMOKRATIKO)	8025
MALABAG, ATTY. ROWELL (IND) (INDEPENDENT)	7973
DEL MUNDO, WAWENG (NPC) (NATIONALIST PEOPLE'S COALITION)	6696
DE OCAMPO, LEMUEL (NPC) (NATIONALIST PEOPLE'S COALITION)	6657
VERGARA, AGA (NPC) (NATIONALIST PEOPLE'S COALITION)	6631
CALINISAN, LOURDES (NPC) (NATIONALIST PEOPLE'S COALITION)	6631
CARAAN-LAQUI, MERLYN (NPC) (NATIONALIST PEOPLE'S COALITION)	6406

ON THE BASIS OF THE FOREGOING, we hereby proclaim the above-named winning candidates as the duly elected members of MEMBER, SANGGUNIANG BAYAN BATANGAS - MATAAS NA KAHOY - LONE DIST for BATANGAS - MATAAS NA KAHOY - LONE DIST / BATANGAS - MATAAS NA KAHOY in the Province of MBOC: BATANGAS - MATAAS NA KAHOY.

IN WITNESS WHEREOF, we have affix our signatures and imprint our thumbmarks in the municipality of BATANGAS - MATAAS NA KAHOY, Province of MBOC: BATANGAS - MATAAS NA KAHOY, this May 10, 2022 5:08:35 AM.

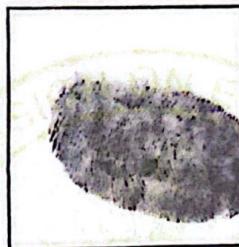


MUNICIPAL BOARD OF CANVASSERS



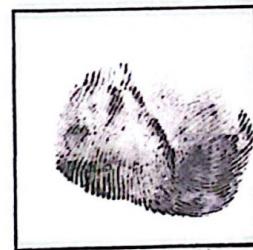
(Right Thumbmark)


GONZALES FELICIANA
VICE-CHAIRPERSON
(Signature above printed full name)
Digitally signed, Signature fingerprint:
0B379F31E68FE56AD723E87B06DF787F27F9
C197



(Right Thumbmark)


ALVAREZ SUSANA
CHAIRPERSON
(Signature above printed full name)
Digitally signed, Signature fingerprint:
B39F218BBB25101C44D2C2343FAE07CD0E7CC
8AA



(Right Thumbmark)


LANDICHO LEOPOLDO
MEMBER-SECRETARY
(Signature above printed full name)
Digitally signed, Signature fingerprint:
6D90516AAD3978C7E0A993C913CA88D7A5B15
762