



Republic of the Philippines
Tourism Infrastructure & Enterprise Zone Authority

MEMORANDUM TO ALL CONCERNED PERSONNEL

FROM : *[Signature]*
THE MANAGER
Administrative Services Department

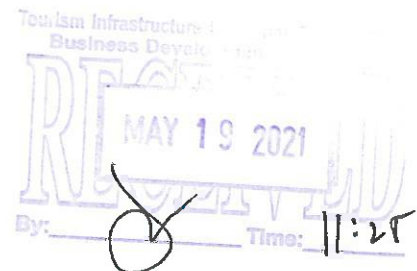
SUBJECT : **REVISED LEAVE APPLICATION FORMS &
NOTIFICATION OF ALLOCATION OF MATERNITY LEAVE**

DATE : **18 MAY 2021**

Pursuant to CSC Memorandum Circular No. 5 s 2021, all personnel are enjoined to use the following attached CSC forms, effective immediately:

- Application for Leave Form for SG 23 and Below;
- Application for Leave Form for SG 24 and Above; and
- Notice of Allocation of Maternity Leave (For Maternity Leave applications)

For everyone's guidance.





Republic of the Philippines
TOURISM INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY
Tower 1 Double Dragon Plaza, EDSA Extension, Pasay City

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____	2. NAME : (Last) _____ (First) _____ (Middle) _____												
3. DATE OF FILING _____	4. POSITION _____	5. SALARY _____											
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) Others: _____ _____	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 _____ INCLUSIVE DATES _____ _____	6.D COMMUTATION <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested _____ (Signature of Applicant)												
7. DETAILS OF ACTION ON APPLICATION													
7.A CERTIFICATION OF LEAVE CREDITS As c _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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>Total Earned</td> <td></td> <td></td> </tr> <tr> <td>Less this application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </tbody> </table> <p style="margin-top: 20px; text-align: center;">ABIGAIL R. PERCELA</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">HRM Officer IV, Human Resource Services Division</p>		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 _____ _____ _____ _____ _____ (Department Head)
	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: _____ _____ _____												

JOSEFINA U. SORIANO
 Manager, Human Resource Services Division
 Administrative Services Department



Republic of the Philippines
TOURISM INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY
Tower 1 Double Dragon Plaza, EDSA Extension, Pasay City

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7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____		7.D DISAPPROVED DUE TO: _____ _____ _____												

NOTICE OF ALLOCATION OF MATERNITY LEAVE

I. FOR FEMALE EMPLOYEE

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
HOME ADDRESS	AGENCY and ADDRESS
CONTACT DETAILS (Phone number and e-mail address)	
<p><i>I am allocating _____ days (7 days max.) of my 105-day maternity leave to Mr./Ms. _____, which benefit is granted under Republic Act No. 11210 or the 105-Day Expanded Maternity Law. Attached is the proof of our relationship.</i></p>	
SIGNATURE OVER PRINTED NAME	DATE

II. FOR CHILD'S FATHER/ALTERNATE CAREGIVER

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
HOME ADDRESS	AGENCY / EMPLOYER and ADDRESS
CONTACT DETAILS (Phone number and e-mail address)	
RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x")	<p><i>I accept the allocated _____ days of the 105-day maternity leave from the abovementioned female employee and I/we submit the attached proof of our relationship. It is understood that the allocated maternity leave is for the care of our/her newborn child.</i></p>
<input type="checkbox"/> Child's father <input type="checkbox"/> Alternate caregiver <input type="checkbox"/> Relative within fourth degree of consanguinity (Specify: _____) <input type="checkbox"/> Current partner sharing the same household	SIGNATURE OVER PRINTED NAME DATE

PROOF OF RELATIONSHIP (Please mark the box with "x" and attach a photocopy of the document)			
<input type="checkbox"/> Child's Birth Certificate	<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Barangay Certificate	<input type="checkbox"/> Other bona fide document/s that can prove filial relationship

III. FOR THE HRMO AND THE HEAD OF OFFICE/AUTHORIZED OFFICIAL

<p><i>I certify that Ms. _____ has a maternity leave balance of _____ days. Furthermore, I have reviewed and evaluated the attached supporting document/s and find the herein allocation of maternity leave in order.</i></p>	<p style="text-align: center;">APPROVED:</p> <div style="text-align: center; margin-top: 20px;"> <p>ROSANNA M. OLGADO Manager, Administrative Services Department</p> </div>
ABIGAIL R. PERCELA HRM Officer IV	DATE
AGENCY, ADDRESS and CONTACT DETAILS TOURISM INFRASTRUCTURE AND ENTERPRISE ZONE AUTHORITY Tower 1, Double Dragon Plaza, EDSA Extension, Pasay City (+632) 8249-5900 to 79 www.tieza.gov.ph	