



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)												
	ANDRES	MARY JANE,	SANIN												
3. DATE OF FILING <u>August 2, 2021</u>	4. POSITION <u>Tourism Coordinator</u>	5. SALARY <u>₱</u>													
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 checked="" type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.C NUMBER OF WORKING DAYS APPLIED FOR <u>25 Days</u> INCLUSIVE DATES _____ _____		6.D COMMUTATION <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested <div style="text-align: center;"> (Signature of Applicant)</div>													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th>Vacation Leave</th><th>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> <div style="text-align: center;">ABIGAIL R. PERCELA _____ HRM Officer V, Human Resource Services Division</div>			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 _____ <div style="text-align: center;"> ATTY. MARIA TERESA C. ALVAREZ _____ (Department Head)</div>	
	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															



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	ANDRES MARY JANE, SANIN
3. DATE OF FILING <u>August 2, 2021</u>	4. POSITION <u>Tourism Coordinator</u> 5. SALARY <u>₱</u>

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)
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- ☐ 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

25 Days

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
Total Earned		
Less this application		
Balance		

ABIGAIL R. PERCELA

HRM Officer V, Human Resource Services Division

7.B RECOMMENDATION

- ☐ For approval
- ☐ For disapproval due to _____

ATTY. MARIA TERESA C. ALVAREZ

(Department Head)

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