



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)													
IRBLSM/Operations	CABUSORA, MARIA TERESITA ABARILLES													
3. DATE OF FILING <u>May 31, 2021</u>	4. POSITION <u>Technical Assistant B</u>	5. SALARY <u>₱57,293.00</u>												
<b>6. DETAILS OF APPLICATION</b>														
<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b> <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 / RRR 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. 58, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (R.A. No. 9062 / 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 (R.A. 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: <u>Terminal Leave</u>		<b>6.B DETAILS OF LEAVE</b>  <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 Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input checked="" type="checkbox"/> Terminal Leave												
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b>  INCLUSIVE DATES _____ _____		<b>6.D COMMUTATION</b> <input type="checkbox"/> Not Requested <input checked="" type="checkbox"/> Requested   (Signature of Applicant)												
<b>7. DETAILS OF ACTION ON APPLICATION</b>														
<b>7.A CERTIFICATION OF LEAVE CREDITS</b> As of: _____ <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></td> <td></td> </tr> <tr> <td>Less this application</td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> </tr> </table> <b>ABIGAIL R. PERCELA</b> HRM Officer V, Human Resource Services Division			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b> <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____   <b>Atty. MA. TERESA C. ALVAREZ</b> Manager, Operations Department/OIC-IRBLSM
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
<b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay _____ others (Specify) _____		<b>7.D DISAPPROVED DUE TO:</b> _____ _____ _____												
<b>JOSEFINA U. SORIANO</b> Manager, Human Resource Services Division Administrative Services Department														