

## Republic of the Philippines

## House of Representatives Quezon City, Metro Manila

| Control No. (With initials of recipient)   | APPLICATION FOR MONETIZATION OF |                 |  | Date of Filing          |
|--|---------------------------------|-----------------|--|-------------------------|
|  | LEA                             | AVE CREDITS     |  |                         |
| NAME (Last)  | (First)                         | (M.I)           |  | HOR I.D NO.             |
|  |                                 |                 |  |                         |
| SERVICE/OFFICE   | POSITION                        |                 |  |                         |
|  |                                 |                 |  |                         |
|  |                                 |                 |  |                         |
| I hereby apply for the monetization ofdays anddays of my earned and audited leave credits.   |                                 |                 |  |                         |
| (No. of VL Applied) (No. of SL Applied)  I understand that my application shall be processed on a first come, first serve basis, subject to the availability of funds. |                                 |                 |  |                         |
| Furthermore, should this application be approved and a leave credit problem is subsequently discovered on audit, I hereby  |                                 |                 |  |                         |
| authorize the HRMS to effect the necessary adjustment in my Leave Record (LR). In case of overpayment and my current   |                                 |                 |  |                         |
| leave balance is insufficient to offset the same, I authorize the HRMS to deduct the corresponding amount from my  |                                 |                 |  |                         |
| salary/benefits.   |                                 |                 |  |                         |
|  |                                 |                 |  |                         |
| SIGNATURE OF APPLICANT   |                                 |                 |  |                         |
| ACTION TAKEN BY APPROPRIATE LEVEL  |                                 |                 |  |                         |
|  |                                 |                 |  |                         |
|  |                                 |                 |  | APPROVED<br>DISAPPROVED |
|  |                                 |                 |  |                         |
|  |                                 |                 |  |                         |
| IMMEDIATE SUPERVISOR/CHIEF   |                                 | HEAD OFFICE APP |  | PROVING AUTHORITY       |
|  |                                 |                 |  |                         |
| CERTIFICATION BY HRMS  |                                 |                 |  |                         |
| This is to certify that the latest monthly salary of the above-named applicant is  |                                 |                 |  |                         |
|  |                                 | (P              | ). This is to certify further that based |                         |
| on our records the following le  | are true and correct.           |                 |  |                         |
|  |                                 | Vacation        | Sick                                     | Total Leave             |
|  |                                 | Leave           | Leave                                    | Credits                 |
| Total Leave Credits Available for Monetization   |                                 |                 |  |                         |
| Less: Leave Credits Appli  |                                 | <del></del>     |  |                         |
| Total Leave Balance After Monetization   |                                 |                 |  | <del></del>             |
|  |                                 |                 |  |                         |
| EVELYN G. DE JESUS DR. RAMON RICARDO A. ROQUE, CESO I, Diplomate   |                                 |                 |  |                         |
| DIRECTO  | DEPUTY SECRETARY GENERAL        |                 |  |                         |
| HUMAN RESOURCE MANAGEMENT SERVICE FOR ADMINISTRATION   |                                 |                 |  |                         |
|  |                                 |                 |  |                         |

