



Republic of the Philippines
CITY GOVERNMENT OF PANABO
Government Center, JP Laurel, Panabo City, Davao del Norte 8105



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

- ☐ 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

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		

7.B RECOMMENDATION

- ☐ For approval
- ☐ For disapproval due to _____

7.C APPROVED FOR:

_____ days with pay

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

(City Administrator / City Mayor / City Vice Mayor)