



Republic of the Philippines  
DEPARTMENT OF HEALTH  
CENTER FOR HEALTH DEVELOPMENT-I

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>PDOHO ILOCOS NORTE</b>	2. NAME : (Last) (First) (Middle) <b>JOSE, MARICHA CLARION</b>												
3. DATE OF FILING <b>August 18, 2023</b>	4. POSITION <b>DMO IV</b> 5. SALARY <b>71,511.00</b>												
<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 checked="" 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: _____	<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 <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave												
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> <b>3 days</b> INCLUSIVE DATES <b>August 15-17, 2023</b>	<b>6.D COMMUTATION</b> <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested  <div style="text-align: right;">_____ (Signature of Applicant)</div>												
<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;"><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> _____ <b>ELEANOR T. LAIGO, LLB</b> Administrative Officer V, HRMU / Personnel Section		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b> <input checked="" type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____  _____ <b>VIRGILIO C. MANGAPIT, MD</b> Provincial Health Team Leader-Ilocos Norte
	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> _____ _____ _____												