



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

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT PDOHO-ILOCOS NORTE	2. NAME : (Last) (First) (Middle) SICABU VESTER ACOSTA												
3. DATE OF FILING 8-14-2023	4. POSITION Rural Health Physician 5. SALARY Salary Grade 24												
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> Compensatory time off	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 type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave												
6.C NUMBER OF WORKING DAYS APPLIED FOR 2 days INCLUSIVE DATES August 22-23, 2023	6.D COMMUTATION <input type="checkbox"/> Not Requested <input checked="" type="checkbox"/> Requested Yes <div style="text-align: right;"> (Signature of Applicant)</div>												
7. DETAILS OF ACTION ON APPLICATION													
7.A CERTIFICATION OF LEAVE CREDITS As of MAY 27, 2023 <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 20%;">COC</th><th style="width: 40%;">Vacation Leave</th><th style="width: 40%;">Sick Leave</th></tr></thead><tbody><tr><td>Total Earned</td><td style="text-align: center;">4.500</td><td></td></tr><tr><td>Less this application</td><td style="text-align: center;">2</td><td></td></tr><tr><td>Balance</td><td style="text-align: center;">2.500</td><td></td></tr></tbody></table> <div style="text-align: center;">ELEANOR T. LAIGO, LLB Administrative Officer V, HRMU/Personnel Section</div>	COC	Vacation Leave	Sick Leave	Total Earned	4.500		Less this application	2		Balance	2.500		7.B RECOMMENDATION <input checked="" type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ <div style="text-align: center;"> VIRGILIO C. MANGAPIT, MD Provincial Health Team Leader-Ilocos Norte</div>
COC	Vacation Leave	Sick Leave											
Total Earned	4.500												
Less this application	2												
Balance	2.500												
7.C APPROVED FOR: Two (2) days with pay ON August 22-23, 2023 ____ days without pay ____ others (Specify)	7.D DISAPPROVED DUE TO: _____ _____ _____												