



Republic of the Philippines
(Agency Name)
(Agency Address)

Stamp of Date of Receipt



APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT
MO

2. NAME : (Last) (First) (Middle)
PAYOT MARICHU OLASO

3. DATE OF FILING **2023-03-06**

4. POSITION **ADMIN AIDE I**

5. SALARY **11941.0**

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
0.0
INCLUSIVE DATES
2023/03/06 - 2023/03/10

6.D COMMUTATION

☐ Not Requested

☒ Requested

MARICHU PAYOT
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of **2023-03-06 11:36:57**

	Vacation Leave	Sick Leave
Total Earned	None	None
Less this application	0.0	0.0
Balance	None	None

JOY A. AJOC
(Authorized Officer)

7.B RECOMMENDATION

☐ For approval

☐ For disapproval due to

HON. CONSTANTINO REYES
(Authorized Officer)

7.C APPROVED FOR:

days with pay

days without pay

others (Specify)

7.D DISAPPROVED DUE TO:

HON. CONSTANTINO H. REYES
(Authorized Official)