**APPLICATION FOR LEAVE**

Leave of absence is a right given to officials and employees not to report for work with or without pay as maybe provided by law and as the rules prescribe in the Civil Service Commission Omnibus Rules on Leave from the Omnibus Rules Implementing Book V of Executive Order No. 292 [The Revised Administrative Code of 1987].

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| **Office or Division:** | | | Office of the City Mayor – Administrative and Records Section, Employee’s Respective Department/Office | | | | | | | | |
| **Classification:** | | | Simple | | | | | | | | |
| **Type of Transaction:** | | | G2G – Government to Government | | | | | | | | |
| **Who may avail:** | | | Current Officials and Employees of the City Government of Gingoog | | | | | | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | | | | **WHERE TO SECURE** | | | | |
| **For Vacation Leave (within Philippines) or Sick Leave of less than 5 consecutive Days** | | | | | | | | | | | |
| * Application for Leave form (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| **For Vacation Leave (Abroad)** | | | | | | |  | | | | |
| * Approved Letter Request (1 original) | | | | | | | Client | | | | |
| * Application for Leave form (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| * Clearance from money and property liability (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| **For Leave due to Gynecological Disorder** | | | | | | | | | | | |
| * Letter Request (1 original) | | | | | | | Client | | | | |
| * Application for Leave form (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| * Medical Certificate/ Medical abstract (1 original) | | | | | | | Attending Physician | | | | |
| * Clearance from money and property liability (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| **For Sick Leave of more than 5 consecutive Days** | | | | | | | | | | | |
| * Application for Leave form (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| * Medical Certificate/ Medical abstract (1 original) | | | | | | | Attending Physician | | | | |
| **For Vacation Leave of more than 1 month** | | | | | | | | | | | |
| * Approved Letter Request (1 original) | | | | | | | Client | | | | |
| * Application for Leave form (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| * Clearance from money and property liability (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| **For Terminal Leave** | | | | | | | | | | | |
| * Application for Leave form (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| * Clearance from money and property liability (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| **For Rehabilitation Leave** | | | | | | | | | | | |
| * Application for Leave form (1 original) | | | | | | | Client’s Respective Department/Office | | | | |
| * Medical Certificate (1 original) | | | | | | | Attending Physician | | | | |
| * Police Report (1 original) | | | | | | | Police Station | | | | |
| **For VAWC Leave (maximum of 10 Days)** | | | | | | | | | | | |
| * Application for Leave form (1 original) | | | | | | Client’s Respective Department/Office | | | | | |
| * Medical Certificate (1 original) | | | | | | Attending Physician | | | | | |
| * Barangay Protection Order (BPO) (1 original) | | | | | | Barangay where the case is filed | | | | | |
| * Temporary/Permanent Order (TPO/PPO) (1 original) | | | | | | Court/Judge | | | | | |
| * Police Report (1 original) | | | | | | Police Station | | | | | |
| * CSWD Certification (1 original) | | | | | | City Social Welfare and Development Office | | | | | |
| **For Maternity (105 Days) or Paternity Leave (7 Days - applicable on first 4 deliveries)** | | | | | | | | | | | |
| * Application for Leave form (1 original) | | | | | | Client’s Respective Department/Office | | | | | |
| * Birth Certificate of the child (1 photocopy) | | | | | | Local Civil Registry Office | | | | | |
| * If married, Marriage Certificate (1 photocopy) | | | | | | Local Civil Registry Office | | | | | |
| * Medical Certificate (1 original) | | | | | | Attending Physician | | | | | |
| **For Special Privileged Leave (SPL) (maximum of 3 Days)** | | | | | | | | | | | |
| * Application for Leave form (1 original) | | | | | | Client’s Respective Department/Office | | | | | |
| **For Force Leave (5 Days mandatory)** | | | | | |  | | | | | |
| * + Application for Leave form (1 original) | | | | | | Client’s Respective Department/Office | | | | | |
| **For Solo Parent Leave (maximum of 7 Days)** | | | | | |  | | | | | |
| * Application for Leave form (1 original) | | | | | | Client’s Respective Department/Office | | | | | |
| * Solo Parent ID (1 photocopy) | | | | | | City Social Welfare and Development Office | | | | | |
| **CLIENT STEPS** | | **AGENCY ACTION** | | | **FEES TO BE PAID** | | | | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| 1. Submit requirements (depending on the type of Leave applied for) | | 1. Receive and review the completeness of requirements then evaluate requirements based on the type of leave applied. | | | None | | | | 5 Minutes | | *Admin. Staff* Employee’s Office  *Admin. Officer* Employee’s Office |
| 1. Check entries in the *Application of Leave* Form | | 1. Generate the *Application for Leave* Form and hand it over to the client for verification | | | None | | | | 5 Minutes | | *Admin. Staff* Employee’s Office  *Admin. Officer* Employee’s Office |
| None | | * 1. Receive the said form and endorse it to the Department Head for recommending approval | | | None | | | | 2 Minutes | | *Admin. Staff* Employee’s Office |
| None | | * 1. Decide whether to Approve or Disapprove the Application based on the recommendation of the Administrative Officer | | | None | | | | 5 Minutes | | *Department Head* Client’s Office |
| **CLIENT STEPS** | **AGENCY ACTION** | | | **FEES TO BE PAID** | | | | **PROCESSING TIME** | | **PERSON RESPONSIBLE** | |
| None | * 1. Retrieve the approved *Application for Leave* form from the Department Head and endorse it to the Administrative and Records Section of the Office of the City Mayor for review of the application and Certification of Leave Credits   If disapproved, do not proceed to next step and inform the client immediately. If the client wishes to apply again, go back to Step 1 | | | None | | | | 15 Minutes | | *Admin. Staff/Messenger* Employee’s Office | |
| None | 1. Review and record leave application upon validation | | | None | | | | 5 Minutes | | **Rodselyn J. Arañez** *Admin. Asst. V*  **Joy B. Loquero** *LRC Officer I*  **Angel P. Solejo** *Laborer*  Office of the City Mayor | |
| None | 1. Certify Leave Credits and endorse the said form to the approving officer | | | None | | | | 3 Minutes | | **Rodselyn J. Arañez** *Admin. Asst. V*  **Joy B. Loquero** *LRC Officer I*  **Angel P. Solejo** *Laborer*  Office of the City Mayor | |
| None | 1. Approve leave application based on the certification of the Administrative Officer and affix signature on the *Application for Leave* form | | | None | | | | 5 Minutes | | **Ms. Jessie F. Reyes** *CGADH/HRMO*  **Hon. Erick G. Cañosa** *City Mayor* Office of the City Mayor | |
| None | 1. Retrieve approved leave application with pertinent documents from the approving officer then file a copy of the said approved leave application | | | None | | | | 3 Minutes | | **Rodselyn J. Arañez** *Admin. Asst. V*  **Joy B. Loquero** *LRC Officer I*  **Angel P. Solejo** *Laborer*  Office of the City Mayor | |
| 1. Receive the Approved *Application for Leave* | 1. Release employee’s copy of approved *Application for Leave* form. | | | None | | | | 2 Minutes | | **Rodselyn J. Arañez** *Admin. Asst. V*  **Joy B. Loquero** *LRC Off. I*  **Angel P. Solejo** *Laborer*  Office of the City Mayor | |
| **TOTAL:** | | | | **None** | | | | **50 Minutes** | |  | |