



Republic of the Philippines  
CITY GOVERNMENT OF CALAPAN  
CALAPAN CITY, ORIENTAL MINDORO

## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME :	(Last)	(First)	(Middle)
City Budget Department	CAMACHO, CYRILLE ANNE COSTALES			
3. DATE OF FILING	September 01, 2025	4. POSITION	5. SALARY	

### 6. DETAILS OF APPLICATION

<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b> <input checked="" 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)  Others: _____	<b>6.B DETAILS OF LEAVE</b> <input type="checkbox"/> In case of Vacation/Special Privilege Leave: <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____ <input type="checkbox"/> In case of Sick Leave: <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____ <input type="checkbox"/> _____ <input type="checkbox"/> In case of Special Leave Benefits for Women: <input type="checkbox"/> (Specify Illness) _____ <input type="checkbox"/> _____ <input type="checkbox"/> In case of Study Leave: <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review <input type="checkbox"/> Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b>  September 08, 2025 - September 08, 2025 INCLUSIVE DATES  1	<b>6.D COMMUTATION</b>  Not Requested Requested  (Signature of Applicant)

### 7. DETAILS OF ACTION ON APPLICATION

<b>7.A CERTIFICATION OF LEAVE CREDITS</b>  As of _____ <table><tr><td></td><td>Vacation Leave</td><td>Sick Leave</td></tr><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></table>  _____ OIC-CHRM		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b>  For approval For disapproval due to _____ _____ _____ _____ _____
	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>  _____ _____ _____												

City Mayor

