



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

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

September 08, 2025 - September 08, 2025

INCLUSIVE DATES

1

6.D COMMUTATION

Not Requested

Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

OIC-CHRMD

7.B RECOMMENDATION

For approval

For disapproval due to _____

7.C APPROVED FOR:

_____ days with pay
_____ days without pay
_____ others (Specify)

7.D DISAPPROVED DUE TO:

City Mayor

