



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

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT Human Resource Department	2. NAME : (Last) (First) (Middle) DELA CRUZ, JUAN D.	
3. DATE OF FILING <u>April 17, 2021</u>	4. POSITION <u>Administrative Assistant I</u>	5. SALARY <u>₱ 0.00</u>

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 Residence

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

2 days

INCLUSIVE DATES

April 28-29, 2021

6.D COMMUTATION

Not Requested

Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of March 2021

	Vacation Leave	Sick Leave
<i>Total Earned</i>		
<i>Less this application</i>		
<i>Balance</i>		

(Authorized Officer)

7.B RECOMMENDATION

For approval

For disapproval due to _____

(Authorized Officer)

7.C APPROVED FOR:

2 days with pay

_____ days without pay

_____ others (Specify)

(Authorized Official)

7.D DISAPPROVED DUE TO:
