

CFES



APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT **College of Forestry and Environmental Science** 2. NAME : (Last) **PEQUE, DENNIS P.** (First) (Middle)

3. DATE OF FILING 6-Jan-22 4. POSITION Assoc. Prof. V 5. SALARY ₱ 0.00

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: MONETIZATION OF LEAVE CREDITS

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
10 days
 INCLUSIVE DATES _____

6.D COMMUTATION
 Not Requested
 Requested _____
DENNIS P. PEQUE
 (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		

REGINA BIBERA, Adm. Officer II
 (Authorized Officer)

7.B RECOMMENDATION
 For approval _____
 For disapproval due to _____

BEATRIZ S. BELONIAS
 Office/Dept./Unit _____
 (Authorized Officer)

7.C APPROVED FOR:
 _____ days with pay
 _____ days without pay
 _____ others (Specify) _____

EDGARDO E. TULIN
 President
 (Authorized Official)

7.D DISAPPROVED DUE TO:

