



## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>NARC</b>	2. NAME : (Last) (First) (Middle) <b>SEÑARA, CIELO FLANDEZ</b>													
3. DATE OF FILING <u>Apr 21, 2022</u>	4. POSITION <u>Admn Aide III</u>	5. SALARY _____												
<b>6. DETAILS OF APPLICATION</b>														
<p><b>6.A TYPE OF LEAVE TO BE AVAILED OF</b></p> <p><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</p> <p><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</p> <p><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</p> <p><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</p> <p><input checked="" type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</p> <p><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</p> <p>Others: _____</p>	<p><b>6.B DETAILS OF LEAVE</b></p> <p><i>In case of Vacation/Special Privilege Leave:</i></p> <p>Within the Philippines _____</p> <p>Abroad (Specify) _____</p> <p><i>In case of Sick Leave:</i></p> <p>In Hospital (Specify Illness) _____</p> <p>Out Patient (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Special Leave Benefits for Women:</i></p> <p>(Specify Illness) _____</p> <p>_____</p> <p><i>In case of Study Leave:</i></p> <p>Completion of Master's Degree</p> <p>BAR/Board Examination Review</p> <p><i>Other purpose:</i></p> <p>Monetization of Leave Credits</p> <p>Terminal Leave</p>													
<p><b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b></p> <p><u>1 day</u></p> <p>INCLUSIVE DATES</p> <p><u>May 2, 2022</u></p>	<p><b>6.D COMMUTATION</b></p> <p>Not Requested _____</p> <p>Requested _____</p> <p style="text-align: right;"> (Signature of Applicant)</p>													
<b>7. DETAILS OF ACTION ON APPLICATION</b>														
<p><b>7.A CERTIFICATION OF LEAVE CREDITS</b></p> <p>As of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Vacation Leave</th> <th style="width: 35%;">Sick Leave</th> </tr> </thead> <tbody> <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> </tbody> </table> <p style="text-align: center;"><b>REGINA BIBERA, Adm. Officer II</b> (Authorized Officer)</p>		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<p><b>7.B RECOMMENDATION</b></p> <p>For approval _____</p> <p>For disapproval due to _____</p> <p>_____</p> <p style="text-align: right;"> <b>ROBELYN T. PAMONTE</b> (Authorized Officer)</p>	
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
<p><b>7.C APPROVED FOR:</b></p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p><b>7.D DISAPPROVED DUE TO:</b></p> <p style="text-align: center;"> <b>EDGARDO E. TULIN</b> President (Authorized Official) <u>20/4/22</u></p>													