



## APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>NCRC</b>	2. NAME : (Last) <b>LEORNA</b>	(First) <b>MARISEL</b>	(Middle) <b>A.</b>
3. DATE OF FILING <b>Dec. 9, 2021</b>	4. POSITION <b>ASST.PROF. III</b>	5. SALARY _____	

### 6. DETAILS OF APPLICATION

<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 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: <b>CDO</b></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 <b>Residence</b></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>
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<p><b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b></p> <p><b>10 days</b></p> <p>INCLUSIVE DATES</p> <p><b>DEC. 13, 14, 17, 20, 21, 22, 23, 27, 28 &amp; 29, 2021</b></p>	<p><b>6.D COMMUTATION</b></p> <p>Not Requested</p> <p>Requested</p> <p style="text-align: right;"><b>MARISEL A. LEORNA</b> (Signature of Applicant)</p>
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### 7. DETAILS OF ACTION ON APPLICATION

<p><b>7.A CERTIFICATION OF LEAVE CREDITS</b></p> <p>As of _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%;">Vacation Leave</td> <td style="width: 35%;">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> <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: center;"><b>MARIA JULIET C. GENIZA - VP, OVPREI</b> (Authorized Officer)</p>
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													

<p><b>7.C APPROVED FOR:</b></p> <p><u>  2  </u> days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p><b>7.D DISAPPROVED DUE TO:</b></p> <p>_____</p> <p>_____</p>
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**EDGARDO E. TULIN**  
President  
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(Authorized Official)