



APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT MOTOR POOL SERVICES/PPO	2. NAME : (Last) (First) (Middle) ARMADA, AMIEL R.
3. DATE OF FILING <u>January 6, 2022</u>	4. POSITION <u>Admin. Asst. V</u> 5. SALARY _____

6. DETAILS OF APPLICATION

<p>6.A TYPE OF LEAVE TO BE AVAILED OF</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>6.B DETAILS OF LEAVE</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>
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<p>6.C NUMBER OF WORKING DAYS APPLIED FOR</p> <p><u>5 Days</u></p> <p>INCLUSIVE DATES</p> <p><u>Jan. 10-14, 2022</u></p>	<p>6.D COMMUTATION</p> <p>Not Requested</p> <p>Requested </p> <p style="text-align: center;">(Signature of Applicant)</p>
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7. DETAILS OF ACTION ON APPLICATION

<p>7.A CERTIFICATION OF LEAVE CREDITS</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;">REGINA BIBERA, Adm. Officer II (Authorized Officer)</p>		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<p>7.B RECOMMENDATION</p> <p>For approval _____</p> <p>For disapproval due to _____</p> <p>_____</p> <p style="text-align: center;">MARLON G. BURLAS Head/Office/Dept /Unit (Authorized Officer)</p>
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													

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

(Authorized Official)