



APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT		2. NAME (Last) (First) (Middle)		PHYSICAL PLANT OFFICE		ABABAT, CLAUDIO R. JR.	
3. DATE OF FILING		4. POSITION: Administrative Asst. III		5. SALARY			
6. DETAILS OF APPLICATION							
6.A TYPE OF LEAVE TO BE AVAILED OF				6.B DETAILS OF LEAVE			
☐ 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. 8167 / CSC M.C. No. 71, s. 1998, as amended) ☐ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules implementing E.O. No. 292) ☐ Solo Parent Leave (R.A. No. 8972 / CSC M.C. No. 8, s. 2004) ☐ Study Leave (Sec. 68, Rule XVI, Omnibus Rules implementing E.O. No. 292) ☐ 10-Day VAWC Leave (R.A. No. 9262 / CSC M.C. No. 15, s. 2005) ☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules implementing E.O. No. 292) ☐ Special Leave Benefits for Women (R.A. No. 9710 / CSC M.C. No. 25, s. 2010) ☐ Special Emergency (Calamity) Leave (CSC M.C. No. 2, s. 2012, as amended) ☐ Adoption Leave (R.A. No. 8652)				Others: In case of Vacation/Special Privilege Leave: Within the Philippines _____ 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				6.D COMMUTATION			
INCLUSIVE DATES MONETIZATION 10 Days				Requested Not Requested			
7. DETAILS OF ACTION ON APPLICATION				7.E RECOMMENDATION			
7.A CERTIFICATION OF LEAVE CREDITS				7.B DISAPPROVED DUE TO:			
As of _____ Total Earned _____ Less this application _____ Balance _____ Vacation Leave _____ Sick Leave _____				For approval _____ For disapproval due to _____			
7.C APPROVED FOR:				7.D DISAPPROVED DUE TO:			
days with pay _____ days without pay _____ others (Specify) _____				EDGARDO E. TULIN President (Authorized Official)			