



APPLICATION FOR LEAVE

| 1. OFFICE/DEPARTMENT: DLABS | | 2. NAME: ROLA, CHERRY NUÑEZ | | | | | | | | | | | | | |
|---|----------------|--|----------------|------------|--------------|--|--|-----------------------|--|--|---------|--|--|---|--|
| 3. DATE OF FILING December 3, 2021 | | 4. POSITION Asst. Prof. I 5. SALARY | | | | | | | | | | | | | |
| 6. DETAILS OF APPLICATION | | | | | | | | | | | | | | | |
| 6.A TYPE OF LEAVE TO BE AVAILED OF <input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input checked="" type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552) <i>Others:</i> _____ | | 6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____ <i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ <i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review <i>Other purpose:</i> Monetization of Leave Credits Terminal Leave | | | | | | | | | | | | | |
| 6.C NUMBER OF WORKING DAYS APPLIED FOR <u>3 days</u> INCLUSIVE DATES <u>November 2, 18, 19/2021</u> | | 6.D COMMUTATION Not Requested Requested CHERRY N. ROLA (Signature of Applicant) | | | | | | | | | | | | | |
| 7. DETAILS OF ACTION ON APPLICATION | | | | | | | | | | | | | | | |
| 7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><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> REGINA BIBERA, Am. Officer II (Authorized Officer) | | | Vacation Leave | Sick Leave | Total Earned | | | Less this application | | | Balance | | | 7.B RECOMMENDATION For approval For disapproval due to _____ JETT C. QUEBEC Head, DLABS (Authorized Officer) | |
| | Vacation Leave | Sick Leave | | | | | | | | | | | | | |
| Total Earned | | | | | | | | | | | | | | | |
| Less this application | | | | | | | | | | | | | | | |
| Balance | | | | | | | | | | | | | | | |
| 7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) | | 7.D DISAPPROVED DUE TO: _____ _____ _____ | | | | | | | | | | | | | |
| EDGARDO E. TULIN President _____ (Authorized Official) | | | | | | | | | | | | | | | |