

Stamp of Date of Receipt

1. OFFICE/DEPARTMENT <div style="text-align: center; font-weight: bold; font-size: 1.2em;">NCRC</div>		2. NAME : (Last) (First) (Middle) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">ABAYABAY ANTONIO Y.</div>															
3. DATE OF FILING <u>January 3, 2022</u>		4. POSITION <u>ADMIN.AIDE</u>		5. SALARY _____													
6. DETAILS OF APPLICATION																	
6.A TYPE OF LEAVE TO BE AVAILED OF <div style="margin-top: 10px;"><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2006)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Rehabilitation Privilege (Sec. 56, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</div> <div style="margin-top: 10px;">Others: <div style="border: 1px solid black; padding: 5px; font-weight: bold;">MONETIZATION OF LEAVE CREDITS</div></div>			6.B DETAILS OF LEAVE <div style="margin-top: 10px;"><i>In case of Vacation/Special Privilege Leave:</i> Within the Philippines _____ Abroad (Specify) _____</div> <div style="margin-top: 10px;"><i>In case of Sick Leave:</i> In Hospital (Specify Illness) _____ Out Patient (Specify Illness) _____</div> <div style="margin-top: 10px;"><i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____</div> <div style="margin-top: 10px;"><i>In case of Study Leave:</i> Completion of Master's Degree BAR/Board Examination Review</div> <div style="margin-top: 10px;"><i>Other purpose:</i> Monetization of Leave Credits Terminal Leave</div>														
6.C NUMBER OF WORKING DAYS APPLIED FOR <div style="text-align: center; font-weight: bold; font-size: 1.1em;">10 Days</div> INCLUSIVE DATES _____			6.D COMMUTATION Not Requested Requested <div style="display: inline-block; text-align: center; vertical-align: middle;"><div style="font-size: 1.5em; font-family: cursive;">[Signature]</div><div style="font-weight: bold; font-size: 1.1em;">ANTONIO Y. ABAYABAY</div><div style="font-size: 0.9em;">(Signature of Applicant)</div></div>														
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;"><tr><td style="width: 30%;"></td><td style="width: 35%; text-align: center;">Vacation Leave</td><td style="width: 35%; text-align: center;">Sick Leave</td></tr><tr><td style="text-align: center;">Total Earned</td><td></td><td></td></tr><tr><td style="text-align: center;">Less this application</td><td></td><td></td></tr><tr><td style="text-align: center;">Balance</td><td></td><td></td></tr></table> <div style="margin-top: 10px; text-align: center;"><div style="font-weight: bold; font-size: 1.1em;">REGINA BIBERA, Adm. Officer II</div><div style="font-size: 0.9em;">(Authorized Officer)</div></div>				Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ _____ _____ <div style="margin-top: 10px; text-align: center;"><div style="font-size: 1.5em; font-family: cursive;">[Signature]</div><div style="font-weight: bold; font-size: 1.1em;">MARISEL A. LEORNA - Director, NCRC</div><div style="font-size: 0.9em;">(Authorized Officer)</div></div>		
	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: _____ _____ _____														
<div style="font-weight: bold; font-size: 1.2em;">EDGARDO E. TULIN</div> <div style="font-size: 1.1em;">President</div> <div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div> <div style="font-weight: bold; font-size: 1.1em;">(Authorized Official)</div>																	