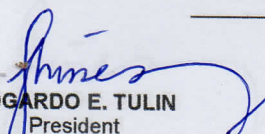


Stamp of Date of Receipt

1. OFFICE/DEPARTMENT		2. NAME : (Last)		(First)		(Middle)													
ISRRS		CERNA		MIZAEL		BEDAYO													
3. DATE OF FILING <u>April 26, 2022</u>		4. POSITION <u>Adm. Aide III</u>		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 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 checked="" 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 <u>Residence</u> 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>2 days 1/2 p.m.</u> INCLUSIVE DATES <u>April 28-29, 2022</u> <u>April 20 (1/2 p.m.) 2022</u>				6.D COMMUTATION Not Requested Requested <u> </u> <div style="text-align: right;">(Signature of Applicant)</div>															
7. DETAILS OF ACTION ON APPLICATION																			
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <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> <div style="text-align: center;">REGINA BIBERA, Adm. Officer II (Authorized Officer)</div>					Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval For disapproval due to _____ _____ <div style="text-align: right;">LILIAN B. NUÑEZ (Authorized Officer)</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="text-align: center;"> EDGARDO E. TULIN President (Authorized Official)</div>																			