

Stamp of Date of Receipt

1. OFFICE/DEPARTMENT <p align="center">Department of Agronomy</p>	2. NAME : (Last) (First) (Middle) <p align="center" style="font-size: 1.2em;"><u>GURNE</u> <u>MELLO</u> <u>DEGRACIA</u></p>	
3. DATE OF FILING <u>BON. MZ.</u>	4. POSITION <u>Asst. Prof. IV</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 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> <u>CDO</u>	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 <p align="center" style="font-size: 1.5em;"><u>9</u></p> <hr/> INCLUSIVE DATES <u>DIC. 16, 20 - 23, 27-29, 2021</u>	6.D COMMUTATION Not Requested _____ Requested _____ <div align="right" style="margin-top: 10px;"> (Signature of Applicant) </div>

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width:100%; margin-top: 10px; border-collapse: collapse;"> <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> <div align="center" style="margin-top: 20px;"> <u>REGINA BIBERA, Adm. Officer II</u> (Authorized Officer) </div>		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION For approval _____ For disapproval due to _____ <div align="center" style="margin-top: 20px;"> ULYSSES A. CAGASAN Office/Dept./Unit _____ (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: _____ _____ _____												

EDGARDO E. TULIN
 President

 (Authorized Official)

DA-ATL - 21-44