

NOTICE OF ALLOCATION OF MATERNITY LEAVE

I. FOR FEMALE EMPLOYEE

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
Padilla, Corazon Alvarez	Associate Professor II
HOME ADDRESS	AGENCY and ADDRESS
Unit 88, VSU, Baybay City, Leyte	VSU, Brgy. Pangasugan, Baybay City, Leyte
CONTACT DETAILS (Phone number and e-mail address)	
09268463483 / corazon.padilla@vsu.edu.ph	
<p>I am allocating <u>7</u> days (7 days max.) of my 105-day maternity leave to Mr./Ms. <u>Joseph E. Padilla</u>, which benefit is granted under Republic Act No. 11210 or the 105-Day Expanded Maternity Law. Attached is the proof of our relationship.</p> <p><u>CORAZON A. PADILLA</u> <u>May 9, 2025</u> SIGNATURE OVER PRINTED NAME DATE</p>	

II. FOR CHILD'S FATHER/ALTERNATE CAREGIVER

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
Padilla, Joseph Engojo	Instructor III
HOME ADDRESS	AGENCY / EMPLOYER and ADDRESS
Unit 88, VSU, Baybay City, Leyte	VSU, Brgy. Pangasugan, Baybay City, Leyte
CONTACT DETAILS (Phone number and e-mail address)	
09959728112 / joseph.padilla@vsu.edu.ph	
<p>RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x")</p> <p><input checked="" type="checkbox"/> Child's father  <input type="checkbox"/> Alternate caregiver  <input type="checkbox"/> Relative within fourth degree of consanguinity (Specify: _____)  <input type="checkbox"/> Current partner sharing the same household</p>	<p>I accept the allocated <u>7</u> days of the 105-day maternity leave from the abovementioned female employee and I/we submit the attached proof of our relationship. It is understood that the allocated maternity leave is for the care of our/her newborn child.</p> <p><u>JOSEPH E. PADILLA</u> <u>May 13, 2025</u> SIGNATURE OVER PRINTED NAME DATE</p>

PROOF OF RELATIONSHIP (Please mark the box with "x" and attach a photocopy of the document)			
<input checked="" type="checkbox"/> Child's Birth Certificate	<input checked="" type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Barangay Certificate	<input type="checkbox"/> Other bona fide document/s that can prove filial relationship

III. FOR THE HRMO AND THE HEAD OF OFFICE/AUTHORIZED OFFICIAL

<p>I certify that Ms. <u>Corazon A. Padilla</u> has a maternity leave balance of <u>105</u> days. Furthermore, I have reviewed and evaluated the attached supporting document/s and find the herein allocation of maternity leave in order.</p> <p><u>HONEY SOFIA V. COLIS</u> <u>07-07-2025</u> SIGNATURE OVER PRINTED NAME DATE HRMO</p>		<p>APPROVED:</p> <p>_____ SIGNATURE OVER PRINTED NAME Head of Office/Authorized Official</p> <p>_____ DATE</p>
AGENCY, ADDRESS and CONTACT DETAILS		