

NOTICE OF ALLOCATION OF MATERNITY LEAVE**I. FOR FEMALE EMPLOYEE**


NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
CAYETANO, EILEEN BANDALAN	ASSOCIATE PROFESSOR I
HOME ADDRESS	AGENCY and ADDRESS
C1 DUPLEX VISAYAS STATE UNIVERSITY BAYBAY CITY LEYTE	VISAYAS STATE UNIVERSITY VISCA BRGY. PANGASUGAN BAYBAY CITY, LEYTE
CONTACT DETAILS (Phone number and e-mail address)	
09066531844 / eileen.bandalan@vsu.edu.ph	
<p>I am allocating <u>7</u> days (7 days max.) of my 105-day maternity leave to Mr. <u>JOSELLE R. CAYETANO</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>EILEEN B. CAYETANO</u> SIGNATURE OVER PRINTED NAME</p> <p><u>April 4, 2025</u> DATE</p>	

II. FOR CHILD'S FATHER/ALTERNATE CAREGIVER

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
CAYETANO, JOSELLE RODRIGUEZ	ASSOCIATE PROFESSOR I
HOME ADDRESS	AGENCY / EMPLOYER and ADDRESS
C1 DUPLEX VISAYAS STATE UNIVERSITY	VISAYAS STATE UNIVERSITY VISCA BRGY. PANGASUGAN BAYBAY CITY, LEYTE
CONTACT DETAILS (Phone number and e-mail address)	
09176734281 / joselle.cayetano@vsu.edu.ph	
RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x") Child's father <input checked="" type="checkbox"/> X Alternate caregiver Relative within fourth degree of consanguinity (Specify: _____) Current partner sharing the same household	<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>JOSELLE R. CAYETANO</u> SIGNATURE OVER PRINTED NAME</p> <p><u>April 4, 2025</u> DATE</p>

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

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

<p><i>I certify that Ms. _____</i> <i>has a maternity leave balance of _____ days. Furthermore,</i> <i>I have reviewed and evaluated the attached supporting</i> <i>document/s and find the herein allocation of maternity leave</i> <i>in</i> <i>order.</i></p> <p>_____ SIGNATURE OVER PRINTED NAME _____ HRMO</p> <p style="text-align: right;">_____ DATE</p>	<p style="text-align: center;">APPROVED:</p> <p style="text-align: center;"> <u>LYNETTE C. CIMAFRANCA</u> SIGNATURE OVER PRINTED NAME Head of Office/Authorized Official <u>Apr. 7, 2025</u> DATE</p>
AGENCY, ADDRESS and CONTACT DETAILS	

Instructions
<ol style="list-style-type: none"> 1. The form shall be used as written notice of the female employee to her agency regarding her allocation of a maximum of seven (7) days from the 105-day expanded maternity leave. 2. The form shall be accomplished in three (3) copies: copy for the female employee; copy for the agency; and copy for the agency/employer of the child's father/alternate caregiver. 3. The form with proof of relationship shall be attached to the Application for Leave (CS Form No. 6) of the female employee. 4. The authorized official shall forward the copy for the agency/employer of the child's father/alternate caregiver. 5. Item I of the form shall be accomplished by the female employee. She shall provide the required personal and agency information, the number of maternity leave days sought to be allocated and the name of the recipient of the allocated leave. She shall affix her signature over printed name with date of signing. 6. Item II of the form shall be accomplished by the child's father/alternate caregiver. He/she shall provide the required personal and agency/employer information and he/she shall affix his/her signature over printed name with date of signing. 7. Item III of the form shall reflect the name of the female employee and her maternity leave balance. This part shall be accomplished and signed by the Human Resource Management Officer (HRMO) in the agency. It is a ministerial duty of the head of office or his/her authorized official to approve said allocation and indicate the date of signing. The agency, thru the HRMO, is responsible to forward a copy of the accomplished form to the agency/employer of the child's father/alternate caregiver.