



Republic of the Philippines
Department of Education
 REGION X- NORTHERN MINDANAO
 DIVISION OF MALAYBALAY CITY

DM-2021-05-257
 DEPED MALAYBALAY CITY DIVISION
 RELEASED
 DATE: MAY 11 2021
 TIME: 4:25 PM
 BY: [Signature]

DIVISION MEMORANDUM

No. 251, s. 2021

To: **All Division Teaching & Non-Teaching Personnel**

From: **VICTORIA V. GAZO, PhD., CESO V**
 Schools Division Superintendent

Date: May 11, 2021

Re: **THE USE OF FORM 6 (REVISED 2020)**

Pursuant to Civil Service Commission Memorandum Circular No. 05, s. 2021 re: **Amendment to Omnibus Rules on Leave (CSC MC No. 41, s. 1998, as amended)**, this office hereby directs all Division Personnel on the use of the new CSC Form No. 6 and CSC Form No. 6a (Notice of Allocation of Maternity Leave) effective June 01, 2021.

Enclosure: CSC Form No. 6 for Division Personnel
 CSC Form No. 6 for School Head
 CSC Form No. 6 for Teaching & Non-Teaching School Based Personnel
 CSC Form No. 6a

Copy furnished:
 Personnel Unit

TO BE POSTED ON WEBSITE





Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
DIVISION OF MALAYBALAY CITY

Division Personnel

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____ 2. NAME : (Last) _____ (First) _____ (Middle) _____
3. DATE OF FILING _____ 4. POSITION _____ 5. SALARY _____

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF

Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
 Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
 Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
 Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
 Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)
 Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
 Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
 Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)
 Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
 Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)
 Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
 Adoption Leave (R.A. No. 8552)

Others: _____

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:
 Within the Philippines _____
 Abroad (Specify) _____

In case of Sick Leave:
 In Hospital (Specify Illness) _____
 Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:
 (Specify Illness) _____

In case of Study Leave:
 Completion of Master's Degree
 BAR/Board Examination Review

Other purpose:
 Monetization of Leave Credits
 Terminal Leave

6.C NUMBER OF WORKING DAYS APPLIED FOR

INCLUSIVE DATES

6.D COMMUTATION

Not Requested
 Requested

Signature of Applicant

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

GUIA MA. G. VILLAHERMOSA
Administrative Officer IV

7.B RECOMMENDATION

For approval
 For disapproval due to _____

Authorized Officer

7.C APPROVED FOR:

_____ days with pay
 _____ days without pay
 _____ others (Specify)

VICTORIA V. GAZO, PhD, CESO V
Schools Division Superintendent

7.D DISAPPROVED DUE TO:





Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
DIVISION OF MALAYBALAY CITY

School Head

APPLICATION FOR LEAVE

1. SCHOOL _____	2. NAME : (Last) _____	(First) _____	(Middle) _____
3. DATE OF FILING _____	4. POSITION _____	5. SALARY _____	

6. DETAILS OF APPLICATION

<p>6.A TYPE OF LEAVE TO BE AVAILED OF</p> <p><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and BSS)</p> <p><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1988, as amended)</p> <p><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</p> <p><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</p> <p><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</p> <p><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</p> <p>Others: _____</p>	<p>6.B DETAILS OF LEAVE</p> <p><i>In case of Vacation/Special Privilege Leave:</i></p> <p><input type="checkbox"/> Within the Philippines _____</p> <p><input type="checkbox"/> Abroad (Specify) _____</p> <p><i>In case of Sick Leave:</i></p> <p><input type="checkbox"/> In Hospital (Specify Illness) _____</p> <p><input type="checkbox"/> Out Patient (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Study Leave:</i></p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> BAR/Board Examination Review</p> <p><i>Other purpose:</i></p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>
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<p>6.C NUMBER OF WORKING DAYS APPLIED FOR</p> <p>_____</p> <p>INCLUSIVE DATES</p> <p>_____</p>	<p>6.D COMMUTATION</p> <p><input type="checkbox"/> Not Requested</p> <p><input type="checkbox"/> Requested</p> <p align="right">_____ Signature of Applicant</p>
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7. DETAILS OF ACTION ON APPLICATION

<p>7.A CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>Vacation Leave</td> <td>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> <p align="center">GUIA MA. G. VILLAHERMOSA Administrative Officer IV</p>		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<p>7.B RECOMMENDATION</p> <p><input type="checkbox"/> For approval</p> <p><input type="checkbox"/> For disapproval due to _____</p> <p>_____</p> <p>_____</p> <p align="center">ALIENA S. DAJAY, PhD, CESE Asst. Schools Division Superintendent</p>
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													

<p>7.C APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p>7.D DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p> <p align="center">VICTORIA V. GAZO, PhD, CESO V Schools Division Superintendent</p>
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Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
DIVISION OF MALAYBALAY CITY

Teaching & School Based
Non-Teaching Personnel

APPLICATION FOR LEAVE

1. SCHOOL _____ 2. NAME : (Last) _____ (First) _____ (Middle) _____
3. DATE OF FILING _____ 4. POSITION _____ 5. SALARY _____

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF

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 Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
 Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)
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 Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
 Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
 10-Day VAWC Leave (RA No. 9282 / CSC MC No. 15, s. 2005)
 Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
 Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)
 Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
 Adoption Leave (R.A. No. 8552)

Others: _____

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:
 Within the Philippines _____
 Abroad (Specify) _____

In case of Sick Leave:
 In Hospital (Specify Illness) _____
 Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:
 (Specify Illness) _____

In case of Study Leave:
 Completion of Master's Degree
 BAR/Board Examination Review

Other purpose:
 Monetization of Leave Credits
 Terminal Leave

6.C NUMBER OF WORKING DAYS APPLIED FOR

 INCLUSIVE DATES

6.D COMMUTATION
 Not Requested
 Requested

 Signature of Applicant

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS
 As of _____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

7.B RECOMMENDATION
 For approval
 For disapproval due to _____

GUIA MA. G. VILLAHERMOSA
 Administrative Officer IV

 Authorized Officer

7.C APPROVED FOR:
 _____ days with pay
 _____ days without pay
 _____ others (Specify)

7.D DISAPPROVED DUE TO:

ALIENA S. DAJAY, PhD, CESE
 Asst. Schools Division Superintendent





Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
DIVISION OF MALAYBALAY CITY

CS Form No. 6a
Series of 2020

NOTICE OF ALLOCATION OF MATERNITY LEAVE

I. FOR FEMALE EMPLOYEE

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
HOME ADDRESS	AGENCY and ADDRESS
CONTACT DETAILS (Phone number and e-mail address)	
<i>I am allocating ____ days (7 days max.) of my 105-day maternity leave to Mr./Ms. _____ which benefit is granted under Republic Act No. 11210 or the 105-Day Expanded Maternity Law. Attached is the proof of our relationship.</i>	
_____ SIGNATURE OVER PRINTED NAME	_____ DATE

II. FOR CHILD'S FATHER/ALTERNATE CAREGIVER

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
HOME ADDRESS	AGENCY / EMPLOYER and ADDRESS
CONTACT DETAILS (Phone number and e-mail address)	
RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x")	<i>I accept the allocated ____ 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.</i>
<input 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	_____ SIGNATURE OVER PRINTED NAME _____ DATE

PROOF OF RELATIONSHIP (Please mark the box with "x" and attach a photocopy of the document)			
<input type="checkbox"/> Child's Birth Certificate	<input 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

<i>I certify that Ms. _____ has a maternity leave balance of ____ days. Furthermore, I have reviewed and evaluated the attached supporting document/s and find the herein allocation of maternity leave in order.</i>	APPROVED:
	_____ SIGNATURE OVER PRINTED NAME Head of Office/Authorized Official _____ DATE
_____ SIGNATURE OVER PRINTED NAME HRMO _____ DATE	
AGENCY, ADDRESS and CONTACT DETAILS	



Address: Sayre Hi-way, Purok 6, Casisang, Malaybalay City
Telefax No.: 088-314-0094; Telephone No.: 088-813-1246
Email Address: malaybalay.city@deped.gov.ph



Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
DIVISION OF MALAYBALAY CITY

Instructions

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.

