



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



**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)

**CHERRY MAE L. LIMBACO-REYES**  
Schools Division Superintendent

7.D DISAPPROVED DUE TO:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

