



Republic of the Philippines
Department of Education
SCHOOLS DIVISION OF SORSOGON
Sorsogon Sports Complex, Balogo Sorsogon City

APPLICATION FOR LEAVE

1. OFFICE/STATION	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		

ATTY. ALLANA ERICA D. CORTES
Administrative Officer IV / HRMO

7.B RECOMMENDATION

- ☐ For approval
- ☐ For disapproval due to _____

Immediate Head
(School Head / Head of Office)

7.C APPROVED FOR:

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

7.D DISAPPROVED DUE TO:

CHERYLL V. BERMUDO, CESE
Assistant Schools Division Superintendent