

**CHECKLIST OF REQUIREMENTS FOR MONETIZATION**

	<b>[ ] REGULAR MONETIZATION</b>	<b>[ ] SPECIAL MONETIZATION</b>	<b>YES</b>	<b>NO</b>
1	2 copies of letter of intent approved by SDS?		[ ]	[ ]
2	3 copies of duly accomplished Form 6?		[ ]	[ ]
2.a	Certification of leave credits signed by the HRMO?		[ ]	[ ]
2.b	Form 6 approved by SDS?		[ ]	[ ]
3	Choose at least 1:			
3.a	MEDICAL PURPOSES Original Medical Certificate?		[ ]	[ ]
3.b	EDUCATIONAL PURPOSES Original proof of registration/unpaid balances signed by authorized personnel?		[ ]	[ ]
3.c	CALAMITY PURPOSES Original barangay certification?		[ ]	[ ]
4	Newly appointed teacher-in-charge?		[ ]	[ ]
4.a	If answer to item 4 is YES, designation attached?		[ ]	[ ]
5	Teachers are not allowed to monetize unless:			
5.a	Head Teacher?		[ ]	[ ]
5.b	ALS Teacher?		[ ]	[ ]
<b>If and only if the application is approved by the SDS (emphasis supplied) that the Senior Bookkeeper shall pay the monetized leave credits of applicants, otherwise such payment will be disallowed.</b>				
6	Applicant assigned in an Implementing Unit (IU)?		[ ]	[ ]
6.a	Certificate of Availability of Funds signed by Senior Bookkeeper?		[ ]	[ ]
6.b	Certificate of Availability of Funds noted by School Head?		[ ]	[ ]
7	Photocopy of Latest Payslip or Service Record		[ ]	[ ]



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		6.B DETAILS OF LEAVE													
<input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552) <input type="checkbox"/> Others: _____		<i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____ <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ <i>In case of Study Leave:</i> <input type="checkbox"/> Completion of Master's Degree _____ <input type="checkbox"/> BAR/Board Examination Review _____ <i>Other purpose:</i> <input checked="" type="checkbox"/> Monetization of Leave Credits _____ <input type="checkbox"/> Terminal Leave _____													
6.C NUMBER OF WORKING DAYS APPLIED FOR  INCLUSIVE DATES _____ _____ _____		6.D COMMUTATION  <input type="checkbox"/> Not Requested <input checked="" type="checkbox"/> Requested  (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS  As of _____ <table border="1"><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> <hr/> <p>ATTY. ALLANA ERICA D. CORTES Administrative Officer IV - HRMO</p>			Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			7.B RECOMMENDATION  <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____  <hr/> <p>JOMAR E. ENGUERRA Administrative Officer V</p>	
	Vacation Leave	Sick Leave													
Total Earned															
Less this application															
Balance															
7.C APPROVED FOR: <hr/> <p>days with pay days without pay others (Specify) _____</p>		7.D DISAPPROVED DUE TO:  <hr/> <hr/> <hr/>													
<hr/> <p>JOSE L. DONCILLO, CESO V SCHOOLS DIVISION SUPERINTENDENT</p>															