

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



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 \_\_\_\_\_

JOMAR E. ENGUERRA  
Administrative Officer V

**7.C APPROVED FOR:**

\_\_\_\_\_ days with pay  
\_\_\_\_\_ days without pay  
\_\_\_\_\_ others (Specify)

**7.D DISAPPROVED DUE TO:**

JOSE L. DONCILLO, CESO V  
SCHOOLS DIVISION SUPERINTENDENT