



Republic of the Philippines
Department of Health
NATIONAL CENTER FOR MENTAL HEALTH
Mandaluyong City

APPLICATION FOR LEAVE

1. OFFICE / DEPARTMENT / LOCAL NO.	2A. EMP. #	2B. NAME (Last) (First) (Middle)
3. DATE OF FILING	4. POSITION	5. SALARY

6. DETAILS OF APPLICATION

<p>6A. TYPE OF LEAVE TO BE AVAILED</p> <p><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules implementing E.O. 292)</p> <p><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules implementing E.O. 292)</p> <p><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules implementing E.O. 292)</p> <p><input type="checkbox"/> Maternity Leave (RA 11210/IRR issued by CSC, DOLE & SSS)</p> <p><input type="checkbox"/> Paternity Leave (RA 8187/CSC MC No. 71 s. 1998 as amended)</p> <p><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules implementing E.O. 292)</p> <p><input type="checkbox"/> Solo Parent Leave (RA 8972/CSC MC No. 8 s. 2004)</p> <p><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules implementing E.O. 292)</p> <p><input type="checkbox"/> 10-Day VAWC Leave (RA 9262/CSC MC No. 15 s. 2005)</p> <p><input type="checkbox"/> Rehabilitation Leave (Sec. 55, Rule XVI, Omnibus Rules implementing E.O. 292)</p> <p><input type="checkbox"/> Special Leave Benefits for Women (RA 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 (RA 8552)</p> <p><input type="checkbox"/> Others: _____</p>	<p>6B. DETAILS OF LEAVE</p> <p>In case of Vacation/Privilege Leave:</p> <p><input type="checkbox"/> Within Philippines</p> <p><input type="checkbox"/> Abroad (Specify): _____</p> <p>In case of Sick Leave:</p> <p><input type="checkbox"/> In Hospital (Specify Illness): _____</p> <p><input type="checkbox"/> Outpatient (Specify Illness): _____</p> <p>In case of Special Leave for Women:</p> <p>Specify Illness: _____</p> <p>In case of Study Leave:</p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> BAR/Board Exam Review</p> <p>Other Purpose:</p> <p><input type="checkbox"/> Monetization of Leave Benefits</p> <p><input type="checkbox"/> Terminal Leave</p>
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<p>6C. NO. OF WORKING DAYS APPLIED FOR <input style="width:50px;" type="text"/></p> <p>Inclusive Dates: _____</p> <p>Time Shift: _____</p> <p>Days Off: _____</p>	<p>6D. COMMUTATION</p> <p><input type="checkbox"/> Not Requested <input type="checkbox"/> Requested</p> <p>_____</p> <p style="text-align: right;">Signature of Applicant</p>
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7. DETAILS OF ACTION ON APPLICATION

<p>7A. CERTIFICATION OF LEAVE CREDITS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">As of _____</th> <th style="width:15%;">Vacation Leave</th> <th style="width:15%;">Sick Leave</th> <th style="width:10%;">PL</th> <th style="width:10%;">AL / FL</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Less this application</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Balance</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 20px;"> _____ ROSARIO CRISTINA S. GUILLERME Chief, HRMO </p>	As of _____	Vacation Leave	Sick Leave	PL	AL / FL	Total Earned					Less this application					Balance					<p>7B. RECOMMENDATION</p> <p><input type="checkbox"/> For Approval</p> <p><input type="checkbox"/> For Disapproval due to _____</p> <p style="text-align: center; margin-top: 20px;"> _____ Section Chief / Authorized Representative </p>
As of _____	Vacation Leave	Sick Leave	PL	AL / FL																	
Total Earned																					
Less this application																					
Balance																					

<p>7C. APPROVED FOR</p> <p>____ days with pay ____ days without pay</p> <p>____ Others (Specify)</p>	
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<p>7D. DISAPPROVED DUE TO</p> <p>_____</p> <p style="text-align: center; margin-top: 20px;"> _____ Chief Of Service </p>	
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