



**RETURN SERVICE AGREEMENT (STUDY LEAVE)**

I, \_\_\_\_\_, \_\_\_\_\_ employee of the National Center for Mental Health (NCMH) in consideration of the study leave granted me under the rights and privileges pertaining hereto, do hereby agree:

1) To abide by the provisions of CSC Memorandum Circular No. 21, s. 2004;

*“Section 68. Study leave. Officials and employees, excluding those in the teaching profession who are covered by different provisions of law, may apply for study leave subject to the following conditions:*

*a. The study leave is a time-off work not exceeding six (6) months with pay for qualified officials and employees to help them prepare for their bar or board examinations or complete their master’s degree. For completion of master’s degree, the study leave shall not exceed four (4) months.*

*b. The leave shall be covered by a contract between the agency head or authorized representative and the employee concerned. No extension shall be allowed if the officials or employees avail of the maximum period of leave allowed herein. If they need more time to complete their studies, they may file a leave of absence chargeable against their vacation leave credits.”*

2) To return to my assignment in \_\_\_\_\_ upon completion of my study leave.

3) If I suffer illness or injury, resulting in an inability to continue studies, it should be supported by a certificate issued by the government physician stating:

a. The nature and extend of the sickness or injury incurred or sustained by the official/ employer;

b. Facts and actual circumstance surrounding the acquisition of, or giving rise to the sickness or injury;

c. That the illness was not the proximate result of the official/employee’s misconduct, gross negligence, intemperate use of drugs or alcoholic liquor or vicious and immoral acts of habits.

4) To render service obligation within the NCMH as follows:

<b>Period of Grant</b>	<b>Service Obligation</b>
One (1) month	Six (6) months
Two (2) to three (3) months	One (1) year
More than three (3) months to six (6) months	Two (2) years



DEPARTMENT OF HEALTH  
 NATIONAL CENTER FOR MENTAL HEALTH  
**PROFESSIONAL EDUCATION, TRAINING AND RESEARCH OFFICE**  
 Nueve de Pebrero St., Brgy. Mauway, Mandaluyong City



6) In case of failure to render in full the service obligation referred to in the contract on account of voluntary resignation, optional retirement, or separation from the service through one's own fault, or other causes within one's control, I shall refund to the NCMH the gross amount of salary, allowances and other benefits received while on study leave proportionate to the balance of the service obligation based on the following computed formula:

$$R = \frac{(SOR-SOS) \times TCR}{SOR}$$

Where: R = Refund  
 TCR = Total Compensation Received (gross salary, allowances, and other benefits received while on study leave)  
 SOS = Service Obligation Served  
 SOR = Service Obligation Required

5) To inform the NCMH, *through the Human Resource Management Office and the Professional Education Training and Research Office*, the failure to complete the bar/ board examination or master's degree for which I was granted the study leave. Hence, I shall refund to the agency all the salaries and benefits received during the study leave.

**IN WITNESS THEREOF**, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ with Residence Certificate No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
 (Participant)

**WITNESS:**

\_\_\_\_\_  
 Supervisor of Participant (Chief of Section)

\_\_\_\_\_  
**NOEL V. REYES, MD, FPPA, MMHOA**  
 Medical Center Chief II  
 NCMH

\_\_\_\_\_  
**ELY H. ESPINOSA, JR. Rpm, MMHoA**  
 OIC, Human Resource Management Office

\_\_\_\_\_  
**TERESA ROSALIE D. DEL VALLE, MD, FPPA, MMHoA**  
 Chief, Professional Education, Training and Research Office

**ACKNOWLEDGEMENT**

REPUBLIC OF THE PHILIPPINES  
CITY OF \_\_\_\_\_ S.S

**BEFORE ME**, on this \_\_\_\_\_ day of \_\_\_\_\_, 2021, in the city of \_\_\_\_\_, Philippines, personally appeared the above-mentioned parties with their corresponding any valid Government ID:

<b>NAME</b>	<b>Government ID</b>	<b>Date of Issue</b>
<b>NOEL V. REYES, MD, FPPA, MMHoA</b>	10566	

**WITNESS MY HAND AND SEAL**, this \_\_\_\_\_ day of \_\_\_\_\_, 2021, in the City of Mandaluyong, Philippines.

\_\_\_\_\_  
Notary Public

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