



Republic of the Philippines
Department of Education
DIVISION OF PUERTO PRINCESA CITY

Date _____

MARITES P. PEREZ EdD, CESE
Principal III
Officer-In-Charge
Office of the Schools Division Superintendent

Ma'am:

The undersigned respectfully request for the monetization of leave credits under the following terms:

Regular Monetization (Officials and employees who have accumulated fifteen (15) days of vacation leave (VL) shall be allowed to monetize a minimum of ten (10) days: Provided that the least five (5) days VL credits is retained after monetization and provided-further that a maximum of (30) days may be monetized in a given year.)

Special Monetization (Monetization of 50% of ALL accumulated vacation/sick leave credits due to valid and justifiable reasons upon the favorable recommendation of the agency head and subject to availability of funds.)

Reason/s for special monetization (please check one box):

Health, medical and hospital needs of the employee and the immediate members of his/her family;

Financial aide and assistance brought about by force majeure events such as calamities, typhoons, fire, earthquake and accidents that affect the life, limb and property of the employee and his/her immediate family;

Educational needs of the employee and the immediate members of his/her family; b.4. Payment of mortgages and loans which were entered into for the benefit or which incurred to the benefit of the employee and his/her family;

Extreme financial needs of the employee or his/her immediate family where the present sources of income are not enough to fulfill basic needs such as food, shelter and clothing;

Favorable action regarding this request is highly anticipated.

Very Truly Yours,

(Name and Signature)

(Designation)

Funds Available:

GWEENDOLYN G. AVILLANOZA
AO -V/Budget Officer

Approved:

MARITES P. PEREZ EdD, CESE
Principal III
Officer-In-Charge
Office of the Schools Division Superintendent



Republic of the Philippines
Department of Education
MIMAROPA REGION
SCHOOLS DIVISION OF PUERTO PRINCESA CITY
Government Center, Sta. Monica, Puerto Princesa City

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT **DEPED** 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

30 days

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		

IMELDA M. FLORES
Administrative Officer V

(Authorized Officer)

7.B RECOMMENDATION

For approval

For disapproval due to _____

(Authorized Officer)

7.C APPROVED FOR:

_____ days with pay

_____ days without pay

_____ others (Specify)

MARITES P. PEREZ EdD, CESE
Principal III
Officer In-Charge
Office of the Schools Division Superintendent
(Authorized Official)

7.D DISAPPROVED DUE TO:
