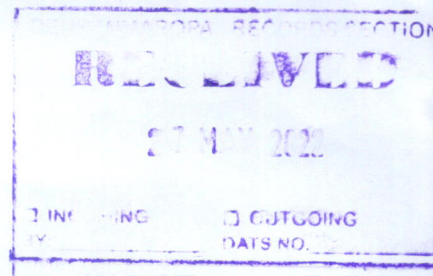




Ronilo A. Flores
Republic of the Philippines
Provincial Environment and Natural Resources
MIMAROPA Region



APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT DENR PENRO ORIENTAL MINDORO		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 <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"/> Adoptation Leave (RA No. 8552) <i>Others:</i>		6.B DETAILS OF LEAVE <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> <input type="checkbox"/> (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 type="checkbox"/> Monetization of Leave Credits <input checked="" type="checkbox"/> Terminal Leave													
6.C NUMBER OF WORKING DAYS APPLIED FOR INCLUSIVE DATES		6.D COMMUTATION <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested FE C. FLORES (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <table border="1" style="width:100%"><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> BUENA P. FLORIDA Administrative Officer IV			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 _____ MARY JUNE F. MAYPA PENR Officer	
	Vacation Leave	Sick Leave													
Total Earned															
Less this application															
Balance															
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify)		7.D DISAPPROVED DUE TO: _____ _____ _____													

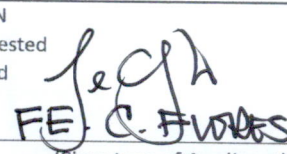


Republic of the Philippines
Provincial Environment and Natural Resources
MIMAROPA Region

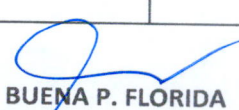

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT DENR PENRO ORIENTAL MINDORO	2. NAME (Last) (First) (Middle)
3. DATE OF FILLING	4. POSITION
5. SALARY	

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF <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"/> Adoptation Leave (RA No. 8552) <i>Others:</i>	6.B DETAILS OF LEAVE <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> <input type="checkbox"/> (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 type="checkbox"/> Monetization of Leave Credits <input checked="" type="checkbox"/> Terminal Leave
6.C NUMBER OF WORKING DAYS APPLIED FOR INCLUSIVE DATES	6.D COMMUTATION <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested  (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS As of <table border="1"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td><i>Total Earned</i></td><td></td><td></td></tr><tr><td><i>Less this application</i></td><td></td><td></td></tr><tr><td><i>Balance</i></td><td></td><td></td></tr></tbody></table>  BUENA P. FLORIDA Administrative Officer IV		Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>			7.B RECOMMENDATION <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to  MARY JUNE F. MAYPA PENR Officer
	Vacation Leave	Sick Leave											
<i>Total Earned</i>													
<i>Less this application</i>													
<i>Balance</i>													
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify)	7.D DISAPPROVED DUE TO: _____ _____ _____												

ENR MOWEL FOUNDATION INC.
APPLICATION FOR PREMIUM REFUND

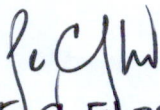
Name of Claimant: _____

Former Place of Assignment (Office/Division):

DENR PENRO ORIENTAL MINDORO

Supporting documents: (to be attached to claim application)

- Endorsed by Head of Office/RD/PENRO/CENRO
- Retirement Voucher
- Certification on money, property and work accountabilities
- Certificate of Remittances



Signature of Claimant

ENR MOWEL FOUNDATION INC.
APPLICATION FOR PREMIUM REFUND


Name of Claimant : _____

Former Place of Assignment (Office/Division):

DENR PENRO ORIENTAL MINDORO

Supporting documents: (to be attached to claim application)

- Endorsed by Head of Office/RD/PENRO/CENRO
- Retirement Voucher
- Certification on money, property and work accountabilities
- Certificate of Remittances



Signature of Claimant

