



Republic of the Philippines Department of Environment and Natural Resources Region 4 MIMAROPA

1515 L& S Building, Roxas Boulevard, Ermita, Manila

APPLICATION FOR LEAVE

| CSC Form (| | | | | | | | | | | |
|---|--------------------------------|---------------------------------|--|---------------|-----------|---|---------------|-----------|---------------------|--|--|
| (Revised 20: | , | | | | | | | | | | |
| 1. Office/A | gency | DENR MIMAROPA | 1. | | | | | | DAS2-370 | | |
| | | | | 1 | 己mployee | e Contact Nur | nber: | 0949929 | 0780 | | |
| 2. Name: | 2. Name: RODRIGUEZ (Last Name) | | | ROSEMARIE | | | | FRESNIDO | | | |
| | | | | (First Name) | | | (Middle Name) | | | | |
| | | | | | | | | | | | |
| 3. Date of F | - | | 4. Position: | | | Admin | Asst. II | | | | |
| 14-Nov-2 | 22 | | 5. Monthly Salary: | | | | | 100 | | | |
| 6. a. Type o | of Leave | | | 6 h Where | leave wil | l be spent in o | case of Vac | eation Le | Save | | |
| o. a. Type o. | Vacation I | Leave | | U.D. WHELE | ICAVC WIL | 1 be spent in | case or vac | auon ix | tve: | | |
| | | mployment | | | - | N/A | | | | | |
| | Forced Le | | | | | | | | | | |
| | Sick Leave | | In case of Sick Leave, please specify the place of recovery. | | | | | | | | |
| | Maternity | | | | | | | | | | |
| X | * | lease specify) | | | At ho | ome | | | | | |
| | SLP | - | | _ | | | | | | | |
| | | | | _ | (| Commutation | | Request | ad | | |
| 7. Number | r of working d | avs applied: | 3 | | | JOHIHIGIAGO | | Not Rec | | | |
| Inclusive da | - | Dec 20,26 & 27, 2022 | | _ | | | The | W | lucstea | | |
| | | 1 | ROSEMARIE F. RODRIGUEZ | | | | | | IGUEZ | | |
| | | | | | | (Signature c | over Printed | Name of | Employee) | | |
| | | | | | | | | | | | |
| | | | | _ | | | RIO C. GU | | | | |
| | | | | | (S | Signature over I | | | | | |
| | | DET | TATICOE | ACTIONIC | AT A DDI | CONTRACTOR OF STREET, | Administrati | ive Divis | ion | | |
| 7 A Certifi | ication of Le | | AILS OF | ACTION O | | Recommenda | tion | | | | |
| 7. A. Certification of Leave Credits Vacation Leave Credits Sick Leave Credit | | | | | | on Leave Credits | | | | | |
| Vacation Leave Credits Sick Leave Credit | | SICK Leave Credits | 3 I otal Leave Credits | | Vacata | on Leave Greater | SICK Leave | Cicuis | Total Leave Credits | | |
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| | Chief, Person | 10 | | | | | | | | | |
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| /. C. MIII | O VED FOR | C. | | | | | 1. 1. 1. 1. | MI INC. | /ED due to. | | |
| | days with | pay | | | | | | | | | |
| | days with | out pay | | | | | | | | | |
| | | 7.00 F) | | | | | | | | | |
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| | | | | | | OVE - CESO | | | | | |
| | | Ass | istant Regio | onal Director | for Mana | agement Servi | ices | | | | |
| 1. Application f | | ck leave for one full day or mo | | | | omplished in four | - | | | | |

3. An employee who is absent without approved leave shall not be entitled to receive his salary corresponding the period his authorized leave of absence.



Republic of the Philippines Department of Environment and Natural Resources Region 4 MIMAROPA 515 L & S. Building, Propaga Pouloused, Erepita, Manile

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| CSC FORM | | | | | | | | | | |
|--|--|--|---|--|-----------------------|--|-------------------|---------------------|--|--|
| (Revised 20 | , | NEVID A GALLOODA | DEGIONI | - | 1 10/11 | | 2000 | 2 1 0 2 2 2 2 | | |
| 1. Office/Agency DENR MIMAR | | | ROPA REGION Employee ID | | | | | DAS2-370 | | |
| | | | | Em | ployee Contact l | Number: | 0949929 | 00/80 | | |
| 2. Name: | RODRIGU | F7 | ROSEMAR | IE | | EDEC | NIDO | | | |
| z. rvanie. | (Last Name) | | (First Name | | | | NIDO | | | |
| | (Last Ivallie) | | (1 itst ivanie | :) | | (IVIICIO) | e Name) | | | |
| 3 Date of I | Filino: | | | I. Position: | Adm | in Asst. II | | | | |
| 3. Date of Filing: 14-Nov-22 | | | | | 7KHIHI 7155L 11 | | | | | |
| 1111012 | | | | 5. Monthly Sa | | | | | | |
| 6. a. Type o | of Leave | | (| 5.b. Where lea | ve will be spent | in case of | Vacation Le | ave? | | |
| Vacation Leave | | | 6.b. Where leave will be spent in case of Vacation Leave? | | | | | | | |
| | To seek employment Forced Leave Sick Leave | | | | N/A | A | | | | |
| | | | | | | | | | | |
| | | | | In case of Sick Leave, please specify the place of recovery. | | | | | | |
| | Maternity L | eave | | | ,1 | , 1 | | | | |
| X | Others (Plea | | | | At home | | | | | |
| | SLP | • | | | | | | | | |
| | | | | | | | | | | |
| | | | | | Commutat | ion | Request | ed | | |
| 7. Number | r of working day | s applied: | 3 | | | | Not Rec | quested | | |
| Inclusive da | ates: I | Dec 20,26 & 27, 2022 | | | | 7 | con (| | | |
| | | | | - | ROS | EMARIE | F. RODR | IGUEZ | | |
| | | | | | (Signatu | re over Prin | ted Name of | Employee) | | |
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| | | | | | | | GULMATI | | | |
| | | | | | (Signature ov | | | | | |
| | | | | | | Commence of the last of the la | trative Divis | ion | | |
| | | | AILS OF AC | CTION ON | APPLICATIO | | | | | |
| 7. A. Certifi | ication of Leav | | T | | 7. B. Recomme | | | T | | |
| Vacation I | eave Credits | Sick Leave Credits | Total Leave | e Credits | Vacation Leave Cre | dits Sick L | eave Credits | Total Leave Credits | | |
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| | Chief, Personn | al Section | - | | | | | | | |
| CONTRACTOR OF THE PROPERTY OF THE PARTY OF T | OVED FOR: | iei section | | | | 7 D F | IS A DDR OX | /ED due to: | | |
| i. C. min | OVED FOR. | | | | | 7. 1. 1. | 713/IFFRO | ED due to. | | |
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| | days withou | t pay | | | | | | | | |
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| | | Accie | | | | | | | | |
| 1 Appliention | for vacation i-1-1 | The second secon | | ************************************** | Management Se | | | | | |
| | | leave for one full day or mor all be filed in advance. In ca | | | | 1 To | certificate | | | |
| | | out approved leave shall not | | - | | | | T.P. | | |
| J. Zill Chiployee | WILL IS AUSCIII WILL | out approved leave shall not | or chanca to Ice | cive ino salary CO | responding the period | THO AUTHORIZE | a reave of absent | | | |