Republic of the Philippines
Department of Environment and Natural Resources
PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES OFFICE
PROVINCE OF PALAWAN
Bgy. Sta. Monica, Puerto Princesa City, Palawan
EMAIL : penropalawan@denr.gov.ph
TelFax No. (048) 433-5638/ 434-8791

September 05, 2022

MEMORANDUM

FOR   :   The Regional Executive Director
                      DENR – MIMAROPA Region

FROM   :   The Provincial Environment and
                      Natural Resources Officer

SUBJECT :   **REQUEST FOR MONETIZATION**

Respectfully forwarded is the letter request for Sixty (60) days monetization of LMO III Zenaida S. Esperancilla for hospitalization and dialysis expenses as she was advised by her cardiologist to undergo angioplasty procedure.

Enclosed are the following :

1. Letter request
2. Application for Leave
3. Clinical Abstract
4. Coronary Angiogram diagnosed

For information and consideration.

FELIZARDO B. CAYATOC

September 1, 2022

LORMELYN E. CLAUDIO, CESO IV
RED, MIMAROPA, Region
L & S Bldg. Roxas Blvd. Ermita, Manila

THRU   :   FELIZARDO B. CAYATOC
                PENRO, Sta. Monica,
                Puerto Prin. City

          :   LEONARD T. CALUYA
                CENRO Quezon, Palawan

Dear Ma'am/Sir :

Environmental Greetings !

The undersigned personnel would like to request for a Sixty (60) days monetization from my accumulated leave credits.

The proceeds of my request if granted will be used for my hospitalization and dialysis expenses.

My cardiologist advise me to undergo Angioplasty procedure. My Coronary Angiogram hereto attached.

Praying for the approval and consideration on this request.

Very truly yours,

ZENAIDA S. ESPERANCILLA

Republic of the Philippines
Provincial Environment and Natural Resources
Sta. Monica, Puerto Princesa City

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)
CENRO Quezon- Narra, Station,	ESPERANCILLA,	ZENAIDA	SORIANO

3. DATE OF FILING _____	4. POSITION _____ LMO III _____	5. SALARY ____ ₱ 45,706.00

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:

_____ MONETIZATION _____

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	6.D COMMUTATION
____ 60 Days ____ **INCLUSIVE DATES** _____	☐ Not Requested ☑ Requested _____ ZENAIDA S. ESPERANCILLA (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As o __ **August 31, 2022** __

	Vacation Leave	Sick Leave
Total Earned	30.456	88.75
Less this application	15	45
Balance	15.456	43.75

_____
MAILAH D. REGALADO
Administrative Officer IV(HRMO II)

7.B RECOMMENDATION

☐ For approval

☐ For disapproval due to _____

_____
_____
_____
_____

7.C APPROVED FOR:

__ 60 __ days with pay (MONETIZATION)

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

_____
_____
_____

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME :	(Last)	(First)	(Middle)
CENRO Quezon- Narra, Station,		ESPERANCILLA,	ZENAIDA	SORIANO

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☐ Adoption Leave (R.A. No. 8552)

Others:
_____ MONETIZATION _____

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☐ 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

_____ 60 Days _____

INCLUSIVE DATES

_____

6.D COMMUTATION

☐ Not Requested

☑ Requested

ZENAIDA S. ESPERANCILLA
(Signature of Applicant)

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Administrative Officer IV(HRMO II)

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☐ For approval

☐ For disapproval due to _____

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_____

_____

7.C APPROVED FOR:

_60_ days with pay (MONETIZATION)

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

_____

_____

_____

Republic of the Philippines
Provincial Environment and Natural Resources
Sta. Monica, Puerto Princesa City

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME :	(Last)	(First)	(Middle)
CENRO Quezon- Narra, Station,		ESPERANCILLA,	ZENAIDA	SORIANO

3. DATE OF FILING _____   4. POSITION _____ **LMO III** _____   5. SALARY ____ **₱ 45,706.00**

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Others:
_____ **MONETIZATION** _____

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☑ Within the Philippines _____

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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

_____ 60 Days _____

INCLUSIVE DATES

_____

6.D COMMUTATION

☐ Not Requested

☑ Requested

ZENAIDA S. ESPERANCILLA
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

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Administrative Officer IV(HRMO II)

7.B RECOMMENDATION

☐ For approval

☐ For disapproval due to _____

_____
_____
_____
_____
_____

7.C APPROVED FOR:

__60__ days with pay (MONETIZATION)

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

_____
_____
_____

_____

Diliman Doctors Hospital

CORONARY ANGIOGRAM (CA)
TECHNIQUE FORM

Date: June 24, 2022
Hospital #: 106142

Surname: Esperancilla	**First Name:** Zenaida	**Middle Name:** Soriano
Age: 58	**Sex:** Female	**Civil Status:** Married
Birthday: 9/19/1963	**Religion:** Roman Catholic	**Room #:** 6007
Attending Physician: Dr. Noel Maninang	**Interventional Cardiologist:** Dr. Lester Uy	**Assist:** None
Anesthesiologist: None	**Anesthesia Started:** 4:32 pm **Anesthesia Ended:** 5:03 pm	**Type of Anesthesia:** Local Anesthesia
CV Tech.: Krizza Reyes, RN	**CV Cathlab Nurse:** Sittie Amara Marohom, RN	**Scrub Tech.:** None
CV Rad. Tech.: Rhobela Gasataya, RRT	**Fluoro Time:** 04:38	**Contrast used:** Iopromide (Ultravist) **Total contrast:** 35 cc
Procedure Started: 4:33 pm **Procedure Ended:** 5:03 pm	**Vital Signs: BP:** 158/64 mmHg **Temp:** 36.4 celsius	**CR:** 66 bpm **RR:** 16 rpm **O2 Sat:** 99 %

Hgb: 135 g/L **Platelets:** 257 10^3/ul	**Potassium:** 5.1 mmol/L **Creatinine:** 858 mg/dL	**Height:** 158 (cms) **Weight:** 50.8 (kgs)	**Minor:** ■ **Medium:** ☐ **Major:** ☐

CORONARY ANGIOGRAM (CA)

DIAGNOSIS: T/C CAD

Right femoral artery was cannulated via Seldinger technique with a Fr.6 femoral sheath. A 0.035" J-tip guidewire was then used to position a Fr.5 JL.40 catheter into the LMCA. Shots were taken. The Fr. Jr4.0 catheter was then positioned into the RCA. Shots were taken. A total of 2000 units Heparin and 1 mg Isoket were given intraarterially.

LM: It is a 4.0 mm vessel free of disease. It bifurcates into LAD and LCx.

LAD: It is a Type 3 vessel. The proximal segment is a 2.5 mm vessel with 70% stenosis. The mid segment is a 2.25 mm vessel with 70% stenosis. The distal segment is a 1.75 mm vessel free of disease. The diagonal branches are small and free of disease.
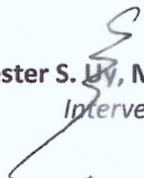
LCx: The proximal segment is a 2.25 mm vessel free of disease. The mid segment is a 2.0 mm vessel with 70% stenosis. The distal segment is free of disease. The obtuse marginal branches are small and free of disease.

RCA: It is the dominant vessel. The proximal segment is a 3.0 mm vessel with 30% stenosis. The mid segment is a 2.75 mm vessel with 70% stenosis. The distal segment is a 2.5 mm vessel free of disease. The RPLB is a 2.25 mm vessel with 70% stenosis. The RPDA is small with 30-40% stenosis.

CONCLUSION: Severe 3v CAD as described

RECOMMENDATION: For revascularization via CABG or PCI
Guideline directed medical therapy

Lester S. Uy, MD, FPCP, FPCC, IFPSCCI
Interventional Cardiologist

CLINICAL ABSTRACT
DDHI-CA-MRD-001
Rev.002-JULY-02-2020

Patient's Name: (Last, First, Middle)			Room No.:	Patient ID No. (PIN):
ESPERANCILLA, ZENAIDA SORIANO			6007	106192

Date of Birth: (mm/dd/yy)	Age:	Sex:	Civil Status:
09/19/1963	58	FEMALE	[ ] Single [✓] Married [ ] Separated [ ] Widow(er)

Address:	Nationality:	Hospital Admission:
51 SORIANO ST POBLACION NARRA PALAWAN	FILIPINO	[ ] New [ ] Re-admission [ ] E.R

Attending Physician:	Date Admitted / Discharge: (mm/dd/yy)
DR. MANINANG	06/23/22 — 6/25/22

Admitting Diagnosis:
CHF

Final Diagnosis: CAD: Post Angiography Severe 3V CAD

Surgical Procedure and Date Performed: Coronary Angiogram

Chief Complaint: Chest pain

Course in the Ward:

Upon admission, patient was placed on renal DM diet. Laboratories and diagnostics were requested and done. Medications given accordingly as ordered. Patient was scheduled for hemodialysis. Vital signs monitored and recorded.

On the 1st hospital day, patient underwent coronary angiogram. Present medication continued. Vital signs continuously monitored and recorded.

On the 2nd hospital day, patient was fit for discharge hence sent home.

Disposition: (Indicate home Medication, Special instruction and follow-up)

Condition upon Discharged:
[ ] **Stable**   [ ] **Improved**   [ ] **Transferred**   [ ] **Against Medical Advice**   [ ] **Died**   [ ] **Absconded**

R. Maninang / Ronald Catanpros, MD
Attending Physician / Administrative Doctor
License No.: _____ 0138619 _____
PTR No.: _____
Date Accomplish: _____

NOT VALID WITHOUT SEAL

Document No.: CA-22060027