



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

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT DENR MIMAROPA		RODRIGUEZ ROSEMARIE FRESNIDO													
3. DATE OF FILING 20-Jan-23		5. SALARY Admin Asst. II													
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 checked="" 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"/> Adoption Leave (R.A. No. 8552) Others: _____		6.B DETAILS OF LEAVE In case of Vacation/Special Privilege Leave: <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____ In case of Sick Leave: <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____ _____ In case of Special Leave Benefits for Women: (Specify Illness) _____ _____ In case of Study Leave: <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
6.C NUMBER OF WORKING DAYS APPLIED FOR (4) INCLUSIVE DATES January 3-6, 2023		6.D COMMUTATION <input checked="" type="checkbox"/> Not Requested <input checked="" type="checkbox"/> Requested _____ (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS As _____ <table><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> _____ (Authorized Officer)			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 _____ _____ _____ _____ (Authorized 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: _____ _____ _____													
DONNA MAYOR -CORDOVE - CESO IV _____ (Authorized Official)															



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