



Republic of the Philippines
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
MIMAROPA Region 552

OUTGOING
Received by: <u>Chp</u> 02:43 PM
Date: <u>MAY 17 2023</u>

MEMORANDUM

FOR : **The Regional Executive Director**
DENR MIMAROPA Region
1515 L & S Bldg., Roxas Blvd.,
Ermita, Manila

THRU : The Assistant Regional Director
for Management Services

FROM : The PENR Officer

SUBJECT: **SUBMISSION OF APPLICATION FOR MATERNITY LEAVE OF
FOREST TECHNICIAN I MA. RUBIE C. MORALES EFFECTIVE
APRIL 24, 2023 TO JULY 30, 2023**

DENR MIMAROPA RECORDS SECTION May 15, 2023 RECEIVED	
JUN 06 2023	
<input type="checkbox"/> INCOMING	<input type="checkbox"/> OUTGOING
BY: _____	DATS NO. _____
TIME: _____	

Respectfully forwarding the above-cited subject matter attached with the Medical Certificate, PENRO Clearance, Allocation of Maternity Leave and Request Letter for seven (7) days Allocation of Forest Technician I Ma. Rubie C. Morales effective April 24, 2023 to July 30, 2023.

For information and approval.


ARNOLDO A. BLAZA, JR.
R



Republic of the Philippines
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
MIMAROPA Region 552-8

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856



Republic of the Philippines
Department of Environment and Natural Resources
MIMAROPA Region
PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES OFFICE

March 2, 2023

LORMELYN E. CLAUDIO, CESO IV

Regional Executive Director
DENR MIMAROPA Region

THRU: DONNA-MAYOR GORDOVE, CESO IV

Assistant Regional Director
For Management Services


Ma'am,

Greetings!


I would like to request from your good office a seven (7) days allocation of my maternity leave credits to my husband, Mr. Rolly F. Morales, a Forester I at DENR-PENRO Romblon.

Thank you and God bless.

Respectfully yours,


MA. RUBIE C. MORALES
Forest Technician I

Noted by:


ARNOLDO A. BLAZA, JR.
OIC, PENR Officer

8 7



Republic of the Philippines
Department of Environment and Natural Resources
MIMAROPA Region
PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES OFFICE

March 2, 2023

LORMELYN E. CLAUDIO, CESO IV

Regional Executive Director
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Forest Technician I

Noted by:


ARNOLDO A. BLAZA, JR.
OIC, PENR Officer



Republic of the Philippines
Department of Environment and Natural Resources
MIMAROPA Region
PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES OFFICE

March 2, 2023

LORMELYN E. CLAUDIO, CESO IV

Regional Executive Director

DENR MIMAROPA Region

THRU: DONNA-MAYOR GORDOVE, CESO IV

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Thank you and God bless.

Respectfully yours,


MA. RUBIE C. MORALES
Forest Technician I

Noted by:


ARNOLDO A. BLAZA, JR.
OIC, PENR Officer



Republic of the Philippines
Department of Environment and Natural Resources
Provincial Environment and Natural Resources Office
Odiongan, Romblon

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT DENR	2. NAME: (Last) (First) (Middle) MORALES MA. RUBIE CONTAOI	
3. DATE OF FILING April 11, 2023	4. POSITION FT I	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 checked="" 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) <input type="checkbox"/> Others: _____	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> (Specify Illness) _____ <i>In case of Study Leave:</i> <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 One Hundred Five (105) days INCLUSIVE DATES April 24, 2023-July 30, 2023	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 March 31, 2023 <table><tr><td></td><td>Vacation Leave</td><td>Sick Leave</td></tr><tr><td>Total Earned</td><td>52.02</td><td>30.042</td></tr><tr><td>Less this application</td><td>-</td><td>-</td></tr><tr><td>Balance</td><td>52.02</td><td>30.042</td></tr></table> GEMMA F. FALLARIA AO IV (HRMO II)		Vacation Leave	Sick Leave	Total Earned	52.02	30.042	Less this application	-	-	Balance	52.02	30.042	7.B RECOMMENDATION <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ DONNA MAYOR-GORDOVE, CESO IV Assistant Regional Director For Management Services
	Vacation Leave	Sick Leave											
Total Earned	52.02	30.042											
Less this application	-	-											
Balance	52.02	30.042											
7.C APPROVED FOR: 98 days with pay Maternity Leave (R.A. 11210) ____ days without pay ____ others (Specify)	7.D DISAPPROVED DUE TO: _____ _____ _____												
LORMELYN E. CLAUDIO, CESO IV Regional Executive Director													



Republic of the Philippines
Department of Environment and Natural Resources
Provincial Environment and Natural Resources Office
Odiongan, Romblon

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME: (Last)	(First)	(Middle)
DENR	MORALES	MA. RUBIE	CONTAOI
3. DATE OF FILING	April 11, 2023	4. POSITION	FT I
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)
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- ☐ 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

One Hundred Five (105) days
INCLUSIVE DATES
April 24, 2023-July 30, 2023

6.D COMMUTATION

- ☐ Not Requested
- ☒ Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of March 31, 2023

	Vacation Leave	Sick Leave
Total Earned	52.02	30.042
Less this application	-	-
Balance	52.02	30.042

GEMMA F. FALLARIA
AO IV (HRMO II)

7.B RECOMMENDATION

- ☐ For approval
- ☐ For disapproval due to _____

DONNA MAYOR-GORDOVE, CESO IV
Assistant Regional Director
For Management Services

7.C APPROVED FOR:

98 days with pay Maternity Leave (R.A. # 11210)
____ days without pay
____ others (Specify)

7.D DISAPPROVED DUE TO:

LORMELYN E. CLAUDIO, CESO IV
Regional Executive Director



Republic of the Philippines
Department of Environment and Natural Resources
Provincial Environment and Natural Resources Office
Odiongan, Romblon

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME: (Last)	(First)	(Middle)
DENR	MORALES	MA. RUBIE	CONTAOI
3. DATE OF FILING	April 11, 2023	4. POSITION	FT I
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)
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- ☐ 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

One Hundred Five (105) days
INCLUSIVE DATES
April 24, 2023-July 30, 2023

6.D COMMUTATION

- ☐ Not Requested
- ☐ Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of March 31, 2023

	Vacation Leave	Sick Leave
Total Earned	52.02	30.042
Less this application	-	-
Balance	52.02	30.042

GEMMA F. FALLARIA
AO IV (HRMO II)

7.B RECOMMENDATION

- ☐ For approval
- ☐ For disapproval due to

DONNA MAYOR-GORDOVE, CESO IV
Assistant Regional Director
For Management Services

7.C APPROVED FOR:

98 days with pay maternity leave (R.A. # 11210)

days without pay

others (Specify)

7.D DISAPPROVED DUE TO:

LORMELYN E. CLAUDIO, CESO IV
Regional Executive Director



Republic of the Philippines
Department of Environment and Natural Resources
Provincial Environment and Natural Resources Office
Odiongan, Romblon

APPLICATION FOR LEAVE

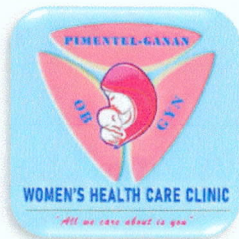
1. OFFICE/DEPARTMENT	2. NAME: (Last)	(First)	(Middle)
DENR	MORALES	MA. RUBIE	CONTAOI
3. DATE OF FILING	April 11, 2023	4. POSITION	FT I
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Balance	52.02	30.042											
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LORMELYN E. CLAUDIO, CESO IV Regional Executive Director													



WOMEN'S HEALTH CARE CLINIC

Gen. Luna Street, Brgy. Dapawan, Odiongan, Romblon

MEDICAL CERTIFICATE

Date: 5/8/23

To whom it my Concern:

This is to certify that MONKLES, MA. RUBIE 29 years old
presently residing at TUBURAN, ODIONGAN, ROMBLON was seen
and examined with the subjective complaints _____

Clinical Impression is

GHT (2023) Sp U 811 (April 24, 23, /Wale Hospital)

Advised to

on maternity leave per GKD - Magna Center for Women

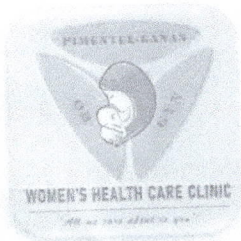
This medical certificate is issued per patient's request for _____

purpose only and not intended for medico-legal/court use.


TERESA JOY PIMENTEL-GANAN MD
OBSTETRICIAN-GYNECOLOGIST

LIC #: 109695





WOMEN'S HEALTH CARE CLINIC
Gen. Luna Street, Brgy. Dapawan, Odiongan, Romblon

MEDICAL CERTIFICATE

Date: 5/8/23

To whom it my Concern:

This is to certify that MONKLES, MA. RUBIE 29 years old
presently residing at TUBARAN, ODIONGAN, ROMBLON was seen
and examined with the subjective complaints _____

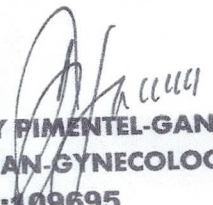
Clinical Impression is

GPT (2022) Sp UPT (April 24, 23, /Wale Hospital)

Advised to

on maternity leave per SKD - Magna Center for Women

This medical certificate is issued per patient's request for _____
purpose only and not intended for medico-legal/court use.


TERESA JOY PIMENTEL-GANAN MD
OBSTETRICIAN-GYNECOLOGIST
LIC #: 109695





WOMEN'S HEALTH CARE CLINIC

Gen. Luna Street, Brgy. Dapawan, Odiongan, Romblon

MEDICAL CERTIFICATE

Date:

5/8/23

To whom it my Concern:

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presently residing at TUBURAN, ODIONGAN, ROMBLON was seen
and examined with the subjective complaints _____

Clinical Impression is

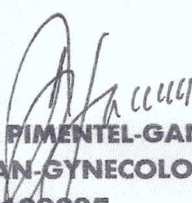
GPT (202) Sp HPT (April 24, 23, /Nale Hospital)

Advised to

on maternity leave per SKD - Magna Center for Women

This medical certificate is issued per patient's request for _____

purpose only and not intended for medico-legal/court use.


TERESA JOY PIMENTEL-GANAN MD
OBSTETRICIAN-GYNECOLOGIST
LIC #: 109695





WOMEN'S HEALTH CARE CLINIC

Gen. Luna Street, Brgy. Dapawan, Odiongan, Romblon

MEDICAL CERTIFICATE

Date:

5/8/23

To whom it my Concern:

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presently residing at TUBURAN, ODIONGAN, ROMBLON was seen
and examined with the subjective complaints _____

Clinical Impression is

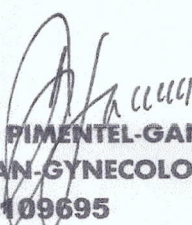
GPT (202) for USG II (April 24, 23, /Nale Hospital)

Advised to

on maternity leave per SKD - Magna Center for Women

This medical certificate is issued per patient's request for _____

purpose only and not intended for medico-legal/court use.


TERESA JOY PIMENTEL-GANAN MD
OBSTETRICIAN-GYNECOLOGIST
LIC #: 109695



NOTICE OF ALLOCATION OF MATERNITY LEAVE

I. FOR FEMALE EMPLOYEE

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
MORALES, MA. RUBIE CONTAO	FOREST TECHNICIAN 1
HOME ADDRESS	AGENCY and ADDRESS
TUBURAN, ODIONGAN, ROMBLON	DENR- ROMBLON
CONTACT DETAILS (Phone number and e-mail address)	Tabing-dagat, Odiongan
09469412940	Romblon
<p>I am allocating _____ days (7 days max.) of my 105-day maternity leave to Mr./Ms. _____ which benefit is granted under Republic Act No. 11210 or the 105-Day Expanded Maternity Law. Attached is the proof of our relationship.</p>	
<p><u>MA. RUBIE C. MORALES</u> SIGNATURE OVER PRINTED NAME</p>	<p>_____ DATE</p>

II. FOR CHILD'S FATHER/ALTERNATE CAREGIVER

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
MORALES, ROLLY FONTANILLA	FORESTER 1
HOME ADDRESS	AGENCY / EMPLOYER and ADDRESS
TUBURAN, ODIONGAN, ROMBLON	DENR- ROMBLON
CONTACT DETAILS (Phone number and e-mail address)	Tabing-dagat, Odiongan
09506859778	Romblon
<p>RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x")</p> <p><input checked="" type="checkbox"/> Child's father <input type="checkbox"/> Alternate caregiver <input type="checkbox"/> Relative within fourth degree of consanguinity (Specify: _____) <input type="checkbox"/> Current partner sharing the same household</p>	<p>I accept the allocated _____ days of the 105-day maternity leave from the abovementioned female employee and I/we submit the attached proof of our relationship. It is understood that the allocated maternity leave is for the care of our/their newborn child.</p> <p><u>ROLLY F. MORALES</u> SIGNATURE OVER PRINTED NAME</p> <p>_____ DATE</p>

PROOF OF RELATIONSHIP (Please mark the box with "x" and attach a photocopy of the document)			
<input type="checkbox"/> Child's Birth Certificate	<input checked="" type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Barangay Certificate	<input type="checkbox"/> Other bona fide document/s that can prove filial relationship

III. FOR THE HRMO AND THE HEAD OF OFFICE/AUTHORIZED OFFICIAL

<p>I certify that Ms. <u>MA. RUBIE C. MORALES</u> has a maternity leave balance of <u>22.062</u> days. Furthermore, I have reviewed and evaluated the attached supporting document/s and find the herein allocation of maternity leave in order.</p> <p><u>GEMMA F. FALLARIA</u> SIGNATURE OVER PRINTED NAME HRMO</p> <p><u>04/12/23</u> DATE</p>	<p>APPROVED:</p> <p><u>LORMELYN E. CLAUDIO, CESO IV</u> SIGNATURE OVER PRINTED NAME Head of Office/Authorized Official</p> <p>_____ DATE</p>
AGENCY, ADDRESS and CONTACT DETAILS	



Municipal Form No. 97 (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL		(To be accomplished in quadruplicate using black ink)	
Province <u>ROMBLON</u>				Registry No. <u>2016-281</u>	
City/Municipality <u>ODIONGAN</u>					
1. Name of Contracting Parties		HUSBAND		WIFE	
(First) <u>ROLLY</u>		(First) <u>MA RUBIE</u>		(First) <u>MA RUBIE</u>	
(Middle) <u>FONTANILLA</u>		(Middle) <u>FABABAER</u>		(Middle) <u>FABABAER</u>	
(Last) <u>MORALES</u>		(Last) <u>CONTAOI</u>		(Last) <u>CONTAOI</u>	
2a. Date of Birth		(Day) (Month) (Year) (Age)		(Day) (Month) (Year) (Age)	
2b. Age		<u>24</u> <u>FEBRUARY</u> <u>1982</u> <u>34</u>		<u>17</u> <u>JULY</u> <u>1993</u> <u>23</u>	
3. Place of Birth		(City/Municipality) (Province) (Country)		(City/Municipality) (Province) (Country)	
<u>SANTA CRUZ ILOCOS SUR, PHILIPPINES</u>		<u>ODIONGAN, ROMBLON, PHILIPPINES</u>		<u>ODIONGAN, ROMBLON, PHILIPPINES</u>	
4a. Sex		(Citizenship)		(Citizenship)	
4b. Citizenship		<u>MALE</u> <u>FILIPINO</u>		<u>FEMALE</u> <u>FILIPINO</u>	
5. Residence		(House No., St., Barangay, City/Municipality, Province, Country)		(House No., St., Barangay, City/Municipality, Province, Country)	
<u>BUDIONG, ODIONGAN, ROMBLON, PHILIPPINES</u>		<u>TUBURAN, ODIONGAN, ROMBLON, PHILIPPINES</u>		<u>TUBURAN, ODIONGAN, ROMBLON, PHILIPPINES</u>	
6. Religion/Religious Sect		<u>ROMAN CATHOLIC</u>		<u>AGUIPAY</u>	
7. Civil Status		<u>SINGLE</u>		<u>SINGLE</u>	
8. Name of Father		(First) (Middle) (Last)		(First) (Middle) (Last)	
<u>REYNALDO</u> <u>MORALES</u>		<u>ROMEO</u> <u>SORIA</u> <u>CONTAOI</u>		<u>ROMEO</u> <u>SORIA</u> <u>CONTAOI</u>	
9. Citizenship		<u>FILIPINO</u>		<u>FILIPINO</u>	
10. Maiden Name of Mother		(First) (Middle) (Last)		(First) (Middle) (Last)	
<u>LILIA</u> <u>FONTANILLA</u>		<u>BEVERLY</u> <u>SOLANGON</u> <u>FABABAER</u>		<u>BEVERLY</u> <u>SOLANGON</u> <u>FABABAER</u>	
11. Citizenship		<u>FILIPINO</u>		<u>FILIPINO</u>	
12. Name of Person With Who Gave Consent or Advice		(First) (Middle) (Last)		(First) (Middle) (Last)	
<u>NOT APPLICABLE</u>		<u>NOT APPLICABLE</u>		<u>NOT APPLICABLE</u>	
13. Relationship		<u>NOT APPLICABLE</u>		<u>NOT APPLICABLE</u>	
14. Residence		(House No., St., Barangay, City/Municipality, Province, Country)		(House No., St., Barangay, City/Municipality, Province, Country)	
<u>NOT APPLICABLE</u>		<u>NOT APPLICABLE</u>		<u>NOT APPLICABLE</u>	
15. Place of Marriage		<u>IGLESIA FILIPINA INDEPENDIENTE</u>		<u>ODIONGAN</u> <u>ROMBLON</u>	
		(Office of the House of Barangay or Church of Mosque of)		(City/Municipality) (Province)	
16. Date of Marriage		<u>15</u> <u>OCTOBER</u> <u>2016</u>		17. Time of Marriage:am/pm	
		(Day) (Month) (Year)			
18. CERTIFICATION OF THE CONTRACTING PARTIES					
THIS IS TO CERTIFY: That I, <u>ROLLY FONTANILLA MORALES</u> and <u>MA RUBIE FABABAER CONTAOI</u> both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we <input type="checkbox"/> have entered a copy of which is hereto attached <input checked="" type="checkbox"/> have not entered into a marriage settlement.					
IN WITNESS WHEREOF, we have signed marked with our fingerprint this certificate in quadruplicate this <u>15th</u> day of <u>OCTOBER</u> <u>2016</u>					
(Signature of Husband)		(Signature of Wife)			
19. CERTIFICATION OF THE SOLEMNIZING OFFICER:					
THIS IS TO CERTIFY: THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age.					
I CERTIFY FURTHER THAT					
<input checked="" type="checkbox"/> a. Marriage License No. <u>4996474</u> issued on <u>OCTOBER 10, 2016</u> at <u>ODIONGAN, ROMBLON</u>					
in favor of said parties, was exhibited to me					
<input type="checkbox"/> b. no marriage license was necessary, the marriage being solemnized under Art. of Executive Order No. 208					
if the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1063					
<u>REV. DOMINIC M. FABRICIER</u>		<u>DIOCESAN BISHOP</u>		<u>2016-774327001-2016</u>	
(Signature Over Printed Name of Solemnizing Officer)		(Position/Designation)		(Religion/Religious Sect, Registry No. and Expiration Date, if applicable)	
20a. WITNESSES (Print Name and Sign)					
Additional at the back					
<u>RD OSCAR C. DOMINGUEZ</u>		<u>CONSUELO MATUNDAR</u>		<u>ARD NELSON GOROSPE</u>	
<u>ARLYN BALIBAG</u>					
21. RECEIVED BY		22. REGISTERED BY THE CIVIL REGISTRAR			
Signature		Signature			
Name in Print <u>ABUNDIO F. RAFAEL</u>		Name in Print <u>ABUNDIO F. RAFAEL</u>			
Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u>		Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u>			
Date <u>25 October 2016</u>		Date <u>25 October 2016</u>			
REMARKS/ANNOTATIONS (For LCRO/OCRG/Shar's Circuit Registrar Use Only)					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					
4bH	4bW	5H	5W	6H	6W
0	1	0	1	6	0
8	0	5	9	0	9
6	0	8	0	5	9
0	9	0	9	0	8
0	1	1	1		

20b. WITNESSES (Print Name and Sign)

MAXIMO C. LANDRITO

MARGIE U. ORCHOA

JOSE LUIS A. FABIC

HON. TRINA ALEJANDRA G. FERRER-OLIVERA

JUDGE CIRILE MADURO FOJA

KLYR FOJA

ATTY ROLLY F. ROLDAN

MARLYN HERNANDEZ

VERONICA DE GUZMAN

AFFIDAVIT OF SOLEMNIZING OFFICER

OSCARO S. SANCHEZ

_____, of legal age, Solemnizing Officer of _____ with address at _____
 _____, after having sworn to in accordance with law, do hereby depose and say:

1. That I have solemnized the marriage between _____ and _____
 2. ☐ a. That I have ascertained the qualifications of the contracting parties and have found no legal impediment for them to marry as required by Article 34 of the Family Code.
 - ☐ b. That this marriage was performed in articulo mortis or at the point of death.
 - ☐ c. That the contracting parties _____ and _____ being at the point of death and physically unable to sign the foregoing certificate of marriage by signature or mark, one of the witnesses to the marriage, sign for him or her by writing the dying party's name and beneath it, the witness' own signature preceded by the preposition "By".
 - ☐ d. That the residence of either party is so located that there is no means of transportation to enable concerned parties to appear personally before the civil registrar.
 - ☐ e. That the marriage was among Muslims or among members of the Ethnic Cultural Communities and that the marriage was solemnized in accordance with their customs and practices.
3. That I took the necessary steps to ascertain the ages and relationship of the contracting parties and that neither of them are under any legal impediment to marry each other.
4. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____ at _____ Philippines.

Signature Over Printed Name of the Solemnizing Officer

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____ Philippines, affiant who exhibited to me his Community Tax Cert. _____

Issued on _____ at _____

Signature of the Administering Officer

Position/Title/Designation

Name in Print

Address

AFFIDAVIT FOR DELAYED REGISTRATION OF MARRIAGE

_____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____ after having duly sworn in accordance with law do hereby depose and say:

1. That I am the applicant for the delayed registration of my marriage with _____ in _____ on _____ the marriage between _____ and _____ in _____ on _____
2. That said marriage was solemnized by _____ (Solemnizing Officer's name) under
☐ a. religious ceremony ☐ b. civil ceremony ☐ c. Muslim rites ☐ d. tribal rites
3. That the marriage was solemnized:
☐ a. with marriage license no. _____ issued on _____ at _____
☐ b. under Article _____ (marriages of exceptional character).
4. (If the applicant is either the wife or husband) That I am a citizen of _____ and my spouse is a citizen of _____
 (If the applicant is other than the wife or husband) That the wife is a citizen of _____ and the husband is a citizen of _____
5. That the reason for the delay in registering our/their marriage is _____
6. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____ at _____ Philippines.

Signature Over Printed Name of Affiant

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____ Philippines, affiant who exhibited to me his Community Tax Cert. _____

Issued on _____ at _____

Signature of the Administering Officer

Position/Title/Designation

Name in Print

Address

NOTICE OF ALLOCATION OF MATERNITY LEAVE

I. FOR FEMALE EMPLOYEE

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
MORALES, MA. RUBIE CONTADI	FOREST TECHNICIAN 1
HOME ADDRESS	AGENCY and ADDRESS
TUBURAN, ODIONGAN, ROMBLON	DENR- ROMBLON
CONTACT DETAILS (Phone number and e-mail address)	Tabing-dagal, Odiongan, Romblon
09469412940	
<p>I am allocating ____ days (7 days max.) of my 105-day maternity leave to Mr./Ms. _____, which benefit is granted under Republic Act No. 11210 or the 105-Day Expanded Maternity Law. Attached is the proof of our relationship.</p> <p><u>Ma. Rubie C. Morales</u> SIGNATURE OVER PRINTED NAME</p> <p>_____ DATE</p>	

II. FOR CHILD'S FATHER/ALTERNATE CAREGIVER

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
MORALES, ROLLY FONTANILLA	FORESTER 1
HOME ADDRESS	AGENCY / EMPLOYER and ADDRESS
TUBURAN, ODIONGAN, ROMBLON	DENR- ROMBLON
CONTACT DETAILS (Phone number and e-mail address)	Tabing-dagal, Odiongan, Romblon
09506257778	
<p>RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x")</p> <p><input checked="" type="checkbox"/> Child's father <input type="checkbox"/> Alternate caregiver <input type="checkbox"/> Relative within fourth degree of consanguinity (Specify: _____) <input type="checkbox"/> Current partner sharing the same household</p>	<p>I accept the allocated ____ days of the 105-day maternity leave from the abovementioned female employee and I/we submit the attached proof of our relationship. It is understood that the allocated maternity leave is for the care of our/their newborn child.</p> <p><u>ROLLY F. MORALES</u> SIGNATURE OVER PRINTED NAME</p> <p>_____ DATE</p>

PROOF OF RELATIONSHIP (Please mark the box with "x" and attach a photocopy of the document)			
<input type="checkbox"/> Child's Birth Certificate	<input checked="" type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Barangay Certificate	<input type="checkbox"/> Other bona fide document/s that can prove filial relationship

III. FOR THE HRMO AND THE HEAD OF OFFICE/AUTHORIZED OFFICIAL

<p>I certify that Ms. <u>Ma. Rubie C. Morales</u> has a maternity leave balance of <u>22.062</u> days. Furthermore, I have reviewed and evaluated the attached supporting document/s and find the herein allocation of maternity leave in order.</p> <p><u>GEMMA F. FALLARIA</u> SIGNATURE OVER PRINTED NAME</p> <p><u>4/13/23</u> DATE</p> <p>HRMO</p>	<p>APPROVED:</p> <p><u>LORMELYN E. CLAUDIO, CESO IV</u> SIGNATURE OVER PRINTED NAME</p> <p>Head of Office/Authorized Official</p> <p>_____ DATE</p>
AGENCY, ADDRESS and CONTACT DETAILS	

Instructions

1. The form shall be used as written notice of the female employee to her agency regarding her allocation of a maximum of seven (7) days from the 105-day expanded maternity leave.
2. The form shall be accomplished in three (3) copies: copy for the female employee; copy for the agency; and copy for the agency/employer of the child's father/alternate caregiver.
3. The form with proof of relationship shall be attached to the Application for Leave (CS Form No. 6) of the female employee.
4. The authorized official shall forward the copy for the agency/employer of the child's father/alternate caregiver.
5. Item I of the form shall be accomplished by the female employee. She shall provide the required personal and agency information, the number of maternity leave days sought to be allocated and the name of the recipient of the allocated leave. She shall affix her signature over printed name with date of signing.
6. Item II of the form shall be accomplished by the child's father/alternate caregiver. He/she shall provide the required personal and agency/employer information and he/she shall affix his/her signature over printed name with date of signing.
7. Item III of the form shall reflect the name of the female employee and her maternity leave balance. This part shall be accomplished and signed by the Human Resource Management Officer (HRMO) in the agency. It is a ministerial duty of the head of office or his/her authorized official to approve said allocation and indicate the date of signing. The agency, thru the HRMO, is responsible to forward a copy of the accomplished form to the agency/employer of the child's father/alternate caregiver.



Municipal Form No. 97
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

(To be accomplished in quadruplicate using black ink)

CERTIFICATE OF MARRIAGE

Province ROMBLON		Registry No. 2016-288	
City/Municipality ODIONGAN			
HUSBAND		WIFE	
1. Name of Contracting Parties	(First) ROLLY (Middle) FONTANILLA (Last) MORALES	(First) MA RUBIE (Middle) FABABAER (Last) CONTACI	
2a. Date of Birth	(Day) 24 (Month) FEBRUARY (Year) 1982 (Age) 34	(Day) 17 (Month) JULY (Year) 1993 (Age) 23	
3. Place of Birth	(City/Municipality) SANTA CRUZ, ILOCOS SUR, PHILIPPINES (Province) PHILIPPINES (Country)	(City/Municipality) ODIONGAN, ROMBLON, PHILIPPINES (Province) PHILIPPINES (Country)	
4a. Sex	MALE	FEMALE	
4b. Citizenship	FILIPINO	FILIPINO	
5. Residence	(House No., St., Barangay, City/Municipality, Province, Country) BUDIONG, ODIONGAN, ROMBLON, PHILIPPINES	(House No., St., Barangay, City/Municipality, Province, Country) TUBURAN, ODIONGAN, ROMBLON, PHILIPPINES	
6. Religion/Religious Sect	ROMAN CATHOLIC	AGLIPAY	
7. Civil Status	SINGLE	SINGLE	
8. Name of Father	(First) REYNALDO (Middle) MORALES (Last)	(First) ROMEO (Middle) SORIA (Last) CONTACI	
9. Citizenship	FILIPINO	FILIPINO	
10. Maiden Name of Mother	(First) LILIA (Middle) FONTANILLA (Last)	(First) BEVERLY (Middle) SOLANGON (Last) FABABAER	
11. Citizenship	FILIPINO	FILIPINO	
12. Name of Person Who Gave Consent or Advice	NOT APPLICABLE	NOT APPLICABLE	
13. Relationship	NOT APPLICABLE	NOT APPLICABLE	
14. Residence	(House No., St., Barangay, City/Municipality, Province, Country) NOT APPLICABLE	(House No., St., Barangay, City/Municipality, Province, Country) NOT APPLICABLE	
15. Place of Marriage	IGLESIA FILIPINA INDEPENDIENTE (Office of the House of Barangay or Church of Mosque of)	ODIONGAN (City/Municipality)	ROMBLON (Province)
16. Date of Marriage:	15 (Day) OCTOBER (Month) 2016 (Year)	17. Time of Marriage:	am/pm
18. CERTIFICATION OF THE CONTRACTING PARTIES THIS IS TO CERTIFY: That I, ROLLY FONTANILLA MORALES and MA RUBIE FABABAER CONTACI both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we <input type="checkbox"/> have entered, a copy of which is hereto attached. <input checked="" type="checkbox"/> have not entered into a marriage settlement. IN WITNESS WHEREOF, we have signed /marked with our fingerprint this certificate in quadruplicate this 15th day of OCTOBER 2016			
(Signature of Husband)		(Signature of Wife)	
19. CERTIFICATION OF THE SOLEMNIZING OFFICER THIS IS TO CERTIFY: THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age. I CERTIFY FURTHER THAT <input checked="" type="checkbox"/> a. Marriage License No. A996474 issued on OCTOBER 10, 2016 at ODIONGAN, ROMBLON in favor of said parties, was exhibited to me. <input type="checkbox"/> b. no marriage license was necessary, the marriage being solemnized under Art. _____ of Executive Order No. 209. <input type="checkbox"/> c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083.			
RE. REV. DOMINIC M. FABRIQUER (Signature Over Printed Name of Solemnizing Officer)		DIOCESAN BISHOP (Position/Designation)	
		2016-27922P001-2018 (Religion/Religious Sect, Registry No. and Expiration Date, if applicable)	
20a. WITNESSES (Print Name and Sign) Additional: at the back			
RD OSCAR C. DOMINGUEZ CONSUELO MATUNDAR		ARD NELSON GOROSPE ARLYN BALIBAG	
21. RECEIVED BY Signature Name in Print ABUNDIO F. RAFAEL Title or Position MUNICIPAL CIVIL REGISTRAR Date 15 October 2016		22. REGISTERED BY THE CIVIL REGISTRAR Signature Name in Print ABUNDIO F. RAFAEL Title or Position MUNICIPAL CIVIL REGISTRAR Date 15 October 2016	
REMARKS/ANNOTATIONS (For LCRO/OCRG/Shared Circuit Registrar Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
4bH	4bW	5H	5W
0	1	0	1
6	0	8	0
5	9	0	9
6	0	8	0
5	9	0	9
0	8	0	1
1	1	1	1

20b. WITNESSES (Print Name and Sign)

MAXIMO C. LANDRITO

MARGIE U. ORCHOA

JOSE LUIS A. FABIC

HON. TRINA ALEJANDRA Q. FERRER-DE-FABIC

JUDGE CIRILE MADURO FOJA

KLYR FOJA

ATTY ROLLY F. ROLDAN

MARLYN HERNANDEZ

VERONICA DE GUZMAN

AFFIDAVIT OF SOLEMNIZING OFFICER

GERARDO MARIANO

_____ of legal age, Solemnizing Officer of _____ with address at _____
 _____ after having sworn to in accordance with law, do hereby depose and say: **MANUEL ROMERO**

1. That I have solemnized the marriage between _____ and _____
2. ☐ a. That I have ascertained the qualifications of the contracting parties and have found no legal impediment for them to marry as required by Article 34 of the Family Code.
- ☐ b. That this marriage was performed in articulo mortis or at the point of death.
- ☐ c. That the contracting parties _____ and _____ being at the point of death and physically unable to sign the foregoing certificate of marriage by signature or mark, one of the witnesses to the marriage sign for him or her by writing the dying party's name and beneath it, the witness' own signature preceded by the preposition "By".
- ☐ d. That the residence of either party is so located that there is no means of transportation to enable concerned parties to appear personally before the civil registrar.
- ☐ e. That the marriage was among Muslims or among members of the Ethnic Cultural Communities and that the marriage was solemnized in accordance with their customs and practices.
3. That I took the necessary steps to ascertain the ages and relationship of the contracting parties and that neither of them are under any legal impediment to marry each other.
4. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____ at _____ Philippines.

Signature Over Printed Name of the Solemnizing Officer

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____ Philippines, affiant who exhibited to me his Community Tax Cert. _____

Issued on _____ at _____

Signature of the Administering Officer

Position/Title/Designation

Name in Print

Address

AFFIDAVIT FOR DELAYED REGISTRATION OF MARRIAGE

I, _____ of legal age, single/married/divorced/widow/widower, with residence and postal address _____ after having duly sworn in accordance with law do hereby depose and say:

1. That I am the applicant for the delayed registration of my marriage with _____ in _____ on _____ the marriage between _____ and _____ in _____ on _____
2. That said marriage was solemnized by _____ (Solemnizing Officer's name) under ☐ a. religious ceremony ☐ b. civil ceremony ☐ c. Muslim rites ☐ d. tribal rites
3. That the marriage was solemnized: ☐ a. with marriage license no. _____ issued on _____ at _____ ☐ b. under Article _____ (marriages of exceptional character).
4. (If the applicant is either the wife or husband) That I am a citizen of _____ and my spouse is a citizen of _____ (If the applicant is other than the wife or husband) That the wife is a citizen of _____ and the husband is a citizen of _____
5. That the reason for the delay in registering our/their marriage is _____
6. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____ at _____ Philippines.

Signature Over Printed Name of Affiant

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____ Philippines, affiant who exhibited to me his Community Tax Cert. _____

Issued on _____ at _____

Signature of the Administering Officer

Position/Title/Designation

Name in Print

Address

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
CLEARANCE FORM
(Instructions at the back)

I PURPOSE

Date of Application

TO: **DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES**

I hereby apply for clearance from money, property and work-related accountabilities for:

Purpose: ☐ Transfer ☐ Resignation ☐ Other Mode of Separation:
☐ Retirement ☐ Leave Please specify: **Maternity Leave (R.A. No.11210)**

Effectivity/Inclusive Period:

Office of Assignment: **PENRO ROMBLON**

Position/SG/Step: **FOREST TECHNICIAN I / SG-6 / S-3**

MA. RUBIE C. MORALES
Name and Signature of Employee

II CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES

We hereby certify that this applicant is cleared of work-related accountabilities from this Unit/Office/Dept.

MALVIN R. ROCERO
Chief, Technical Services Division

THELMO S. HERNANDEZ
Chief, Management Services Division

III CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES

Name of Unit/Office/Department	Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
1. Administration Sector				
Supply and Property Procurement and a. Management Services			HERSALYN M. ROYO Admin. Officer I (Supply Officer)	
b. Human Resource Welfare & Assistance			GEMMA F. FALLARIA Admin. Officer IV (HRMO II)	
c. Agency-accredited Union/Cooperative			ALLAN T. SENDIONG Land Management Officer/ DENREU President	
2. Library				
a. Records			JOEVIR J. CABARON Admin. Officer I (Records)	
b. Cashiering Services			EDLYN S. AREVALO Admin. Officer I (Cashier)	
3. Finance and Assets Management				
a. Financial Services			FLORENCE GRACE F. DOMINGO Accountant III/ Chief, Admin and Finance Section	
Transaction, Processing & Billing b. Services				
c. Payroll & Remittance Services				
4. Professional and Institutional Development				
a. Scholarship Services				

IV CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:

a. Internal Affairs Office/Legal Affairs Office

☐ with pending administrative case
☐ with ongoing investigation (no formal charge yet)

V CERTIFICATION

ARNOLDO A. BLAZA, JR.
OIC, PENR Officer

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
CLEARANCE FORM
(Instructions at the back)

I PURPOSE

Date of Application

TO: **DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES**

I hereby apply for clearance from money, property and work-related accountabilities for:

Purpose: ☐ Transfer ☐ Resignation ☐ Other Mode of Separation:
☐ Retirement ☐ Leave Please specify: **Maternity Leave (R.A. No.11210)**

Effectivity/Inclusive Period:

Office of Assignment: **PENRO ROMBLON**

Position/SG/Step: **FOREST TECHNICIAN I / SG-6 / S-3**

MA. RUBIE C. MORALES
Name and Signature of Employee

II CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES

We hereby certify that this applicant is cleared of work-related accountabilities from this Unit/Office/Dept.

MALVIN R. ROCERO
Chief, Technical Services Division

THELMO S. HERNANDEZ
Chief, Management Services Division

III CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES

Name of Unit/Office/Department	Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
1. Administration Sector				
Supply and Property Procurement and a. Management Services			HERSALYN M. ROYO Admin. Officer I (Supply Officer)	
b. Human Resource Welfare & Assistance			GEMMA F. FALLARIA Admin. Officer IV (HRMO II)	
c. Agency-accredited Union/Cooperative			ALLAN T. SENDIONG Land Management Officer/ DENREU President	
2. Library				
a. Records			JOEVIR J. CABARON Admin. Officer I (Records)	
b. Cashiering Services			EDLYN S. AREVALO Admin. Officer I (Cashier)	
3. Finance and Assets Management				
a. Financial Services			FLORENCE GRACE F. DOMINGO Accountant III/ Chief, Admin and Finance Section	
Transaction, Processing & Billing b. Services				
c. Payroll & Remittance Services				
4. Professional and Institutional Development				
a. Scholarship Services				

IV CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:

a. Internal Affairs Office/Legal Affairs Office

☐ with pending administrative case
☐ with ongoing investigation (no formal charge yet)

V CERTIFICATION

ARNOLDO A. BLAZA, JR.
OIC, PENR Officer

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
CLEARANCE FORM
(Instructions at the back)

I PURPOSE

Date of Application

TO: **DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES**

I hereby apply for clearance from money, property and work-related accountabilities for:

Purpose: ☐ Transfer ☐ Resignation ☐ Other Mode of Separation:
☐ Retirement ☐ Leave Please specify: **Maternity Leave (R.A. No.11210)**

Effectivity/Inclusive Period:

Office of Assignment: **PENRO ROMBLON**

Position/SG/Step: **FOREST TECHNICIAN I / SG-6 / S-3**

MA. RUBIE C. MORALES
Name and Signature of Employee

II CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES

We hereby certify that this applicant is cleared of work-related accountabilities from this Unit/Office/Dept.

MALVIN R. ROCERO
Chief, Technical Services Division

THELMO S. HERNANDEZ
Chief, Management Services Division

III CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES

Name of Unit/Office/Department	Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
1. Administration Sector				
Supply and Property Procurement and a. Management Services			HERSALYN M. ROYO Admin. Officer I (Supply Officer)	
b. Human Resource Welfare & Assistance			GEMMA F. FALLARIA Admin. Officer IV (HRMO II)	
c. Agency-accredited Union/Cooperative			ALLAN T. SENDIONG Land Management Officer/ DENREU President	
2. Library				
a. Records			JOEVIR J. CABARON Admin. Officer I (Records)	
b. Cashiering Services			EDLYN S. AREVALO Admin. Officer I (Cashier)	
3. Finance and Assets Management				
a. Financial Services			FLORENCE GRACE F. DOMINGO Accountant III/ Chief, Admin and Finance Section	
Transaction, Processing & Billing b. Services				
c. Payroll & Remittance Services				
4. Professional and Institutional Development				
a. Scholarship Services				

IV CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:

a. Internal Affairs Office/Legal Affairs Office

☐ with pending administrative case
☐ with ongoing investigation (no formal charge yet)

V CERTIFICATION

ARNOLDO A. BLAZA, JR.
OIC, PENR Officer

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
CLEARANCE FORM
(Instructions at the back)

I PURPOSE

Date of Application

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