




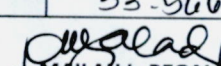
APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT CENRO QUEZON, PALAWAN	2. NAME : (Last) (First) (Middle) GONZAGA RENATO S.													
3. DATE OF FILING June 1, 2023	4. POSITION Supervising ECOMS	5. SALARY P73,661.00												
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 checked="" 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 <i>In case of Vacation/Special Privilege Leave:</i> <input checked="" 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 <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave												
6.C NUMBER OF WORKING DAYS APPLIED FOR 2 days INCLUSIVE DATES June 8-9, 2023		6.D COMMUTATION <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested <div style="text-align: center;"> (Signature of Applicant)</div>												
7. DETAILS OF ACTION ON APPLICATION														
7.A CERTIFICATION OF LEAVE CREDITS As of May 31, 2023 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><tr><td></td><td>Vacation Leave</td><td>Sick Leave</td></tr><tr><td>Total Earned</td><td style="text-align: center;">37.566</td><td style="text-align: center;">224.42</td></tr><tr><td>Less this application</td><td style="text-align: center;">- 0</td><td style="text-align: center;">- 0</td></tr><tr><td>Balance</td><td style="text-align: center;">37.566</td><td style="text-align: center;">224.42</td></tr></table> <div style="text-align: center;"> MAILAH L. REGALADO Administrative Officer IV (HRMO II)</div>			Vacation Leave	Sick Leave	Total Earned	37.566	224.42	Less this application	- 0	- 0	Balance	37.566	224.42	7.B RECOMMENDATION <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ _____ _____ <div style="text-align: center;">DONNA MAYOR-GORDOVE, CESO IV Asst. Regional Director, Mgt. Services</div>
	Vacation Leave	Sick Leave												
Total Earned	37.566	224.42												
Less this application	- 0	- 0												
Balance	37.566	224.42												
7.C APPROVED FOR: 2 days with pay (SPL) ____ 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
Community Environment and Natural Resources
MIMAROPA Region
National Highway, Bgy. Alfonso XIII, Quezon, Palawan
E-mail: cenroquezonpal@denr.gov.ph

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT CENRO QUEZON, PALAWAN	2. NAME : (Last) (First) (Middle) GONZAGA RENATO S.													
3. DATE OF FILING June 6, 2023	4. POSITION Supervising ECOMS	5. SALARY P73,661.00												
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 checked="" 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"/> Adoption Leave (R.A. No. 8552) Others: _____		6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> <input checked="" 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 <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave												
6.C NUMBER OF WORKING DAYS APPLIED FOR 4 days INCLUSIVE DATES June 13-16, 2023		6.D COMMUTATION <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested <div style="text-align: center;"> (Signature of Applicant)</div>												
7. DETAILS OF ACTION ON APPLICATION														
7.A CERTIFICATION OF LEAVE CREDITS As of May 31, 2023 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td>Total Earned</td><td style="text-align: center;">37.566</td><td style="text-align: center;">224.42</td></tr><tr><td>Less this application</td><td style="text-align: center;">- 4</td><td style="text-align: center;">- 0</td></tr><tr><td>Balance</td><td style="text-align: center;">33.566</td><td style="text-align: center;">224.42</td></tr></tbody></table> <div style="text-align: center;"> M. L. REGALADO Administrative Officer IV (HRMO II)</div>			Vacation Leave	Sick Leave	Total Earned	37.566	224.42	Less this application	- 4	- 0	Balance	33.566	224.42	7.B RECOMMENDATION <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ <div style="text-align: center; margin-top: 20px;">DONNA MAYOR-GORDOVE, CESO IV Asst. Regional Director, Mgt. Services</div>
	Vacation Leave	Sick Leave												
Total Earned	37.566	224.42												
Less this application	- 4	- 0												
Balance	33.566	224.42												
7.C APPROVED FOR: 4 days with pay (FL) ____ days without pay ____ others (Specify)		7.D DISAPPROVED DUE TO: _____ _____ _____												
LORMELYN E. CLAUDIO, CESO IV Regional Executive Director														