



Republic of the Philippines
ITBAYAT NATIONAL AGRICULTURAL HIGH SCHOOL
San Rafael, Itbayat, Batanes

ANNEX A

DepEd-SDO Batane

RECEIVED

By: fel

Date/Time: 7/12/24 2:55

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT DEPED-INAHS	2. NAME:	(Last) <u>MAUZO</u>	(First) <u>CEGAR</u>	(Middle) <u>M.</u>
3. DATE OF FILING <u>07/14/2024</u>	4. POSITION <u>NURSE II</u>	4. SALARY <u>40,309.00</u>		

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. 1996, as amended)

Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

Solo Parent Leave (R.A. 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 (R.A. 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 (R.A. 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: _____

6. B. DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

Within Philippines _____

Abroad (Specify) _____

In case of Sick Leave:

In Hospital (Specify illness) _____

Out-Patient (Specify illness) Headache

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 1 day

07/14/2024
INCLUSIVE DATES

6. D. COMMUTATION

Not Requested

Requested

[Signature]
(Signature of Applicant)

7. A. CERTIFICATION OF LEAVE CREDITS
As of 07/17/2024

	Vacation Leave	Sick Leave
Total Earned	31.116	72
Less this application	-	1
Balance	31.116	71

[Signature]
MARIE GAIL C. GONZALES
Administrative Aide IV

7. B. RECOMMENDATION

For Approval

For disapproval due to _____

[Signature]
EDWARD E. DITA
Head Teacher III/TIC

7. C. APPROVED FOR:

152 days with pay

_____ days without pay

_____ others (Specify)

[Signature]
DANTE J. MARCELO, PhD, CESO VI
Assistant Schools Division Superintendent

7. D. DISAPPROVED DUE TO:
