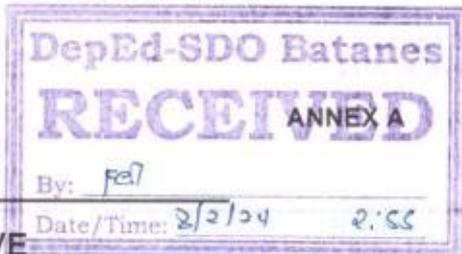




Republic of the Philippines  
Department of Education  
REGION II - CAGAYAN VALLEY  
SCHOOLS DIVISION OF BATANES



APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT: **BATANES NATIONAL SCIENCE HIGH SCHOOL**

2. NAME: (Last) **BATIN** (First) **DONALD** (Middle) **C.**

3. DATE OF FILING: **July 28, 2024**

4. POSITION: **Teacher III**

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)
- 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: \_\_\_\_\_

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: **9 Day/s**

INCLUSIVE DATES: **July 29 – August 8, 2024**

6.D COMMUTATION

- Not Requested
- Requested

\_\_\_\_\_  
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of **July 29, 2024**

	Vacation Leave	Sick Leave
Total Earned	-	60.459
Less this application		9
Balance		51.459

**MARY ROSE P. ESCOBIDO**  
(Authorized Officer)

7.B RECOMMENDATION For

- Approval
- For disapproval due to \_\_\_\_\_

\_\_\_\_\_  
**CARMENC. NOGUERA**  
School Principal I

7.C APPROVED FOR:

**9** days with pay  
\_\_\_\_\_ days without pay  
\_\_\_\_\_ others (Specify)

7.D DISAPPROVED DUE TO:

\_\_\_\_\_

\_\_\_\_\_

**DANTE J. MARCELO, PhD, CESO VI**  
Asst. Schools Division Superintendent

- Regular check-up (medical)  
9 days (just submit me upon resumption)