

DRN: III-FO-HRMDD-PAS-A-COMM-24-07

MEMORANDUM

FOR : ALL DSWD FIELD OFFICE III EMPLOYEES

FROM : THE OIC - DIVISION CHIEF
Human Resource Management and Development Division

SUBJECT : APPLICATION FOR LEAVE OR ABSENCE FORMS

DATE : 10 JULY 2024

This memorandum is respectfully issued to reinforce the standardization of the Application for Leave process within DSWD Field Office III and to minimize erasures on the respective forms, ensuring that all applications are processed in an efficient and error-free manner.

All employees are required to use the following designated templates (*please see attached files*) for filing their leave applications, according to their specific division and role:

1. Application for Leave - For Division Chiefs under the Assistant Regional Director for Administration. (Annex "A")
2. Application for Leave - For Division Chiefs under the Assistant Regional Director for Operations. (Annex "B")
3. Application for Leave - For Employees under the Assistant Regional Director for Administration. (Annex "C")
4. Application for Leave - For Employees under the Assistant Regional Director for Operations. (Annex "D")
5. Application for Leave - For Employees from the Policy Planning Division and Special Concerns Section. (Annex "E")

To maintain a high standard of accuracy and to minimize the need for corrections, it is imperative that these forms are filled out carefully and reviewed thoroughly before submission. This approach not only streamlines the process but also ensures that all leave requests are documented correctly and approved by the authorized signatories without delay.

These standardized forms are also accessible via our Google Drive, providing all staff with easy access for compliance. (<https://shorturl.at/JZG7d>)

The cooperation of all employees in adhering to these practices is greatly appreciated.

Should you have any concerns or needing additional information regarding this matter, please feel free to contact HRMDD – PAS via local number 129.

For your cooperation.


JENNIFER CAMPANG-MORALES
jvcm/rvap



Stamp of Date of Receipt

ANNEX B

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____	2. NAME : (Last) _____ (First) _____ (Middle) _____
----------------------------	---

3. DATE OF FILING _____	4. POSITION _____	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. 26, 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

INCLUSIVE DATES

6.D COMMUTATION

Not Requested

Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

RAYMUND VINCENT A. PANLILIO

Administrative Officer V

7.B RECOMMENDATION

For approval

For disapproval due to _____

ARMONT C. PECINA

Assistant Regional Director for Operations

7.C APPROVED FOR:

_____ days with pay

_____ days without pay

_____ others (Specify)

VENUS F. REBULDELA

Regional Director

7.D DISAPPROVED DUE TO:



Stamp of Date of Receipt

ANNEX C

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____	2. NAME : (Last) _____	(First) _____	(Middle) _____
----------------------------	------------------------	---------------	----------------

3. DATE OF FILING _____	4. POSITION _____	5. SALARY _____
-------------------------	-------------------	-----------------

6. DETAILS OF APPLICATION

<p>6.A TYPE OF LEAVE TO BE AVAILED OF</p> <p><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</p> <p><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</p> <p><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</p> <p><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 16, s. 2005)</p> <p><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 26, s. 2010)</p> <p><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</p> <p><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</p> <p>Others: _____</p> <p>_____</p> <p>_____</p>	<p>6.B DETAILS OF LEAVE</p> <p><i>In case of Vacation/Special Privilege Leave:</i></p> <p><input type="checkbox"/> Within the Philippines _____</p> <p><input type="checkbox"/> Abroad (Specify) _____</p> <p><i>In case of Sick Leave:</i></p> <p><input type="checkbox"/> In Hospital (Specify Illness) _____</p> <p><input type="checkbox"/> Out Patient (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Study Leave:</i></p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> BAR/Board Examination Review</p> <p><i>Other purpose:</i></p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>
--	--

<p>6.C NUMBER OF WORKING DAYS APPLIED FOR</p> <p>_____</p> <p>INCLUSIVE DATES</p> <p>_____</p>	<p>6.D COMMUTATION</p> <p><input type="checkbox"/> Not Requested</p> <p><input type="checkbox"/> Requested</p> <p>_____</p> <p style="text-align: right;">(Signature of Applicant)</p>
---	---

7. DETAILS OF ACTION ON APPLICATION

<p>7.A CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%;">Vacation Leave</td> <td style="width: 35%;">Sick Leave</td> </tr> <tr> <td><i>Total Earned</i></td> <td></td> <td></td> </tr> <tr> <td><i>Less this application</i></td> <td></td> <td></td> </tr> <tr> <td><i>Balance</i></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">RAYMUND VINCENT A. PANLILIO</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Administrative Officer V</p>		Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>			<p>7.B RECOMMENDATION</p> <p><input type="checkbox"/> For approval</p> <p><input type="checkbox"/> For disapproval due to _____</p> <p>_____</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Division Chief</p>
	Vacation Leave	Sick Leave											
<i>Total Earned</i>													
<i>Less this application</i>													
<i>Balance</i>													

<p>7.C APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p>7.D DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

MARIBEL M. BLANCO

Assistant Regional Director for Administration



Stamp of Date of Receipt

ANNEX D

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____	2. NAME :	(Last)	(First)	(Middle)
----------------------------	-----------	--------	---------	----------

3. DATE OF FILING _____	4. POSITION _____	5. SALARY _____
-------------------------	-------------------	-----------------

6. DETAILS OF APPLICATION

<p>6.A TYPE OF LEAVE TO BE AVAILED OF</p> <p><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</p> <p><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</p> <p><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</p> <p><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</p> <p><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</p> <p><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</p> <p><i>Others:</i> _____</p> <p>TERMINAL LEAVE _____</p>	<p>6.B DETAILS OF LEAVE</p> <p><i>In case of Vacation/Special Privilege Leave:</i></p> <p><input type="checkbox"/> Within the Philippines _____</p> <p><input type="checkbox"/> Abroad (Specify) _____</p> <p><i>In case of Sick Leave:</i></p> <p><input type="checkbox"/> In Hospital (Specify Illness) _____</p> <p><input type="checkbox"/> Out Patient (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Study Leave:</i></p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> BAR/Board Examination Review</p> <p><i>Other purpose:</i></p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>
---	--

<p>6.C NUMBER OF WORKING DAYS APPLIED FOR</p> <p>_____</p> <p>INCLUSIVE DATES</p> <p>_____</p>	<p>6.D COMMUTATION</p> <p><input type="checkbox"/> Not Requested</p> <p><input type="checkbox"/> Requested</p> <p>_____</p> <p style="text-align: right;">(Signature of Applicant)</p>
---	---

7. DETAILS OF ACTION ON APPLICATION

<p>7.A CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Vacation Leave</th> <th style="width: 35%;">Sick Leave</th> </tr> </thead> <tbody> <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> </tbody> </table> <p style="text-align: center; margin-top: 20px;">RAYMUND VINCENT A. PANLILIO</p> <p style="text-align: center;">Administrative Officer V</p>		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<p>7.B RECOMMENDATION</p> <p><input checked="" type="checkbox"/> For approval</p> <p><input type="checkbox"/> For disapproval due to _____</p> <p>_____</p> <p style="text-align: right;">Division Chief</p>
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													

<p>7.C APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p>7.D DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

ARMONT C. PECINA

Assistant Regional Director for Operations



Stamp of Date of Receipt

ANNEX E

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____	2. NAME : (Last) _____ (First) _____ (Middle) _____
----------------------------	---

3. DATE OF FILING _____	4. POSITION _____	5. SALARY _____
-------------------------	-------------------	-----------------

6. DETAILS OF APPLICATION

<p>6.A TYPE OF LEAVE TO BE AVAILED OF</p> <p><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</p> <p><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</p> <p><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</p> <p><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 26, s. 2010)</p> <p><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</p> <p><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</p> <p>Others: TERMINAL LEAVE _____</p>	<p>6.B DETAILS OF LEAVE</p> <p><i>In case of Vacation/Special Privilege Leave:</i></p> <p><input type="checkbox"/> Within the Philippines _____</p> <p><input type="checkbox"/> Abroad (Specify) _____</p> <p><i>In case of Sick Leave:</i></p> <p><input type="checkbox"/> In Hospital (Specify Illness) _____</p> <p><input type="checkbox"/> Out Patient (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Study Leave:</i></p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> BAR/Board Examination Review</p> <p><i>Other purpose:</i></p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>
---	--

<p>6.C NUMBER OF WORKING DAYS APPLIED FOR</p> <p>_____</p> <p>INCLUSIVE DATES</p> <p>_____</p>	<p>6.D COMMUTATION</p> <p><input type="checkbox"/> Not Requested</p> <p><input type="checkbox"/> Requested</p> <p>_____</p> <p style="text-align: right;">(Signature of Applicant)</p>
---	---

7. DETAILS OF ACTION ON APPLICATION

<p>7.A CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%;">Vacation Leave</td> <td style="width: 35%;">Sick Leave</td> </tr> <tr> <td><i>Total Earned</i></td> <td></td> <td></td> </tr> <tr> <td><i>Less this application</i></td> <td></td> <td></td> </tr> <tr> <td><i>Balance</i></td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">RAYMUND VINCENT A. PANLILIO</p> <p style="text-align: center;">Administrative Officer V</p>		Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>			<p>7.B RECOMMENDATION</p> <p><input type="checkbox"/> For approval</p> <p><input type="checkbox"/> For disapproval due to _____</p> <p>_____</p> <p style="text-align: center;">N/A</p>
	Vacation Leave	Sick Leave											
<i>Total Earned</i>													
<i>Less this application</i>													
<i>Balance</i>													

<p>7.C APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p>7.D DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

VENUS F. REBULDELA

Regional Director



Stamp of Date of Receipt

ANNEX A

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT _____ 2. NAME : (Last) _____ (First) _____ (Middle) _____

3. DATE OF FILING _____ 4. POSITION _____ 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. 26, s. 2010)
- Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- Adoption Leave (R.A. No. 8552)

Others:

TERMINAL LEAVE _____

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

_____ INCLUSIVE DATES _____

6.D COMMUTATION

- Not Requested
- Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

RAYMUND VINCENT A. PANLILIO

Administrative Officer V

7.B RECOMMENDATION

- For approval
- For disapproval due to _____

MARIBEL M. BLANCO

Assistant Regional Director for Administration

7.C APPROVED FOR:

- _____ days with pay
- _____ days without pay
- _____ others (Specify)

7.D DISAPPROVED DUE TO:

VENUS F. REBULDELA

Regional Director