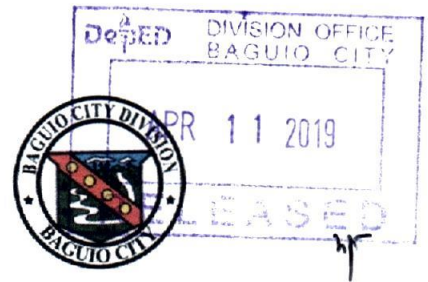




Republic of the Philippines
 Department of Education
 Cordillera Administrative Region
SCHOOLS DIVISION OF BAGUIO CITY
 # 82 Military Cut-Off, Baguio City
 Telefax No.: (074) 442-7819



DIVISION MEMORANDUM
 No. 180, s. 2019

**FORMAT AND GUIDELINES ON THE FILLING OF APPLICATION
 FOR LEAVE OF ABSENCE (FORM 6)**

TO : ALL EMPLOYEES
 (SDO and Non-Implementing Schools/Units)

1. In order to facilitate the processing of Application for Leave of absence (Form 6) and for uniformity, the following guidelines are hereby set for the information, guidance and cooperation of all concerned:
 - a. Application for leave (Form 6) should be fully and properly filled out by the applicant and must be approved by the immediate supervisor or his/her representative using the prescribed format attached to this memorandum.
 - b. All applications should be submitted at the Division Records Section to be received by the Records Officer indicating the tracking number.
 - c. For the documentary requirements, please refer to the attached file.
 - d. The signatories for the details of action on the application are as follows:

Category	No. of Days	Certified by	Approved by
SHORT LEAVE (TEACHING)	1 – 15 days	AO IV/HRMO (Personnel)	Administrative Officer V (Administrative Services)
SHORT LEAVE (NON-TEACHING)	1 – 15 days	Administrative Officer V (Administrative Services)	Asst. Schools Division Superintendent
LONG LEAVE (TEACHING & NON-TEACHING)	16 days and above including travel abroad	Administrative Officer V (Administrative Services)	Schools Division Superintendent

2. Applications not following the prescribed format will be returned and may result to late filing.
3. For compliance.

FEDERICO P. MARTIN, EdD, CEEd, CESO V
 School Division Superintendent

TRACKING NO:		APPLICATION FOR LEAVE			
OFFICE/SCHOOL:	EMPLOYEE NO.	NAME:	(Last)	(First)	(Middle)
DATE OF FILING:	POSITION:		MONTHLY SALARY (BASIC)		
			P		

DETAILS OF APPLICATION

<p>A. TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation (State purpose/reason) _____</p> <p><input type="checkbox"/> Sick (State reason) _____</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>B. NUMBER OF WORKING DAYS APPLIED FOR:</p> <p>No. of Day/s: _____ Inclusive Dates: _____ <small>*** 1-15 days</small></p>	<p>C. WHERE LEAVE WILL BE SPENT:</p> <p>a. IN CASE OF VACATION LEAVE</p> <p><input type="checkbox"/> Within the Philippines <input type="checkbox"/> Travel abroad Destination: _____</p> <p>b. IN CASE OF SICK LEAVE</p> <p><input type="checkbox"/> In Hospital (Specify) _____</p> <p><input type="checkbox"/> Out Patient</p> <p>D. COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p>
_____ Signature of Applicant	

DETAILS OF ACTION ON APPLICATION

to be filled by Division Office Personnel Only

<p>A. CERTIFICATION OF LEAVE AS OF:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:33%;">VACATION</th> <th style="width:33%;">SICK</th> <th style="width:33%;">TOTAL</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="text-align:center; margin-top: 20px;">MA. LOUELLA C. MONCADA Administrative Officer IV</p>	VACATION	SICK	TOTAL										<p>B. RECOMMENDATIONS:</p> <p style="text-align:center;"> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED DUE TO _____ _____ Immediate Supervisor </p>
VACATION	SICK	TOTAL											
<p>C. APPROVED FOR:</p> <p>_____ Day(s) with pay _____ Day(s) without pay</p>	<p>D. DISAPPROVED DUE TO:</p> <p>_____ _____</p>												
<p>APPROVED:</p> <p style="margin-top: 20px;">NIEVES D. EBANIO Administrative Officer V</p>													

TRACKING NO:		APPLICATION FOR LEAVE			
OFFICE/SCHOOL:	EMPLOYEE NO.	NAME:	(Last)	(First)	(Middle)
DATE OF FILING:	POSITION:		MONTHLY SALARY (BASIC)		
			P		

DETAILS OF APPLICATION

<p>A. TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation (State purpose/reason) _____</p> <p><input type="checkbox"/> Sick (State reason) _____</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>B. NUMBER OF WORKING DAYS APPLIED FOR:</p> <p>No. of Day/s: _____</p> <p>Inclusive Dates: _____</p> <p style="text-align:center;">*** 1-15 days</p>	<p>C. WHERE LEAVE WILL BE SPENT:</p> <p>a. IN CASE OF VACATION LEAVE</p> <p><input type="checkbox"/> Within the Philippines</p> <p><input type="checkbox"/> Travel abroad Destination: _____</p> <p>b. IN CASE OF SICK LEAVE</p> <p><input type="checkbox"/> In Hospital (Specify) _____</p> <p><input type="checkbox"/> Out Patient</p> <p>D. COMMUTATION</p> <p><input type="checkbox"/> Requested</p> <p><input type="checkbox"/> Not Requested</p>
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VACATION	SICK	TOTAL											
<p>C. APPROVED FOR:</p> <p>_____ Day(s) with pay</p> <p>_____ Day(s) without pay</p>	<p>D. DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p>												

APPROVED:

SORAYA T. FACULO, PhD
OIC - Assistant Schools Division Superintendent

DOCUMENTARY REQUIREMENTS

TYPE OF LONG LEAVE	30 days and BELOW	31 days and ABOVE	RETURN TO DUTY
SICK LEAVE <i>4 Copies each</i>	Form 6 Letter of Intent Medical Certificate (Form 41) School Clearance (School-based) or Division Clearance (Division-based)	Form 6 Letter of Intent Medical Certificate (Form 41) School Clearance (School-based) or Division Clearance (Division-based)	Letter of Intent Medical Certificate (Form 86)
VACATION LEAVE <i>4 Copies each</i>	Form 6 Letter of Intent (<i>Specify NO intent to travel abroad</i>) School Clearance Division Clearance	Form 6 Letter of Intent School Clearance Division Clearance City Clearance	Letter of Intent
TRAVEL ABROAD <i>4 Copies each</i>	Form 6 Letter of Intent School Clearance Division Clearance City Clearance Invitation (if any) Certificate of Substitution	*** Up to 90days only	Letter of Intent
TERMINAL LEAVE <i>4 Copies each</i>	Form 6 Letter of Intent School Clearance Division Clearance City Clearance		
MATERNITY LEAVE <i>4 Copies each</i>	Form 6 Letter of Intent Medical Certificate (Form 41) School Clearance (School-based) Division Clearance (Division-based) Clinical Abstract (for miscarriage/abortion)	<i>Extension of leave is either SICK, or VACATION depending on the reason.</i>	Letter of Intent Medical Certificate (Form 86) Birth Certificate
MAGNA CARTA OF WOMEN (RA 9710) <i>4 Copies each</i>	Form 6 Letter of Intent Medical Certificate (Form 41) Clinical Abstract Operating Room Records School Clearance (School-based) Division Clearance (Division-based)		Letter of Intent Medical Certificate (Form 86)
REHABILITATION LEAVE <i>4 Copies each</i>	Form 6 Letter of Intent Medical Certificate (Form 41) Incidence Report School Clearance (School-based) Division Clearance (Division-based)		Letter of Intent Medical Certificate (Form 86)
MONETIZATION [Non-Teaching] <i>3 Copies each</i>	Form 6 Latest NOSI/NOSA Service Record		
TYPE OF SHORT LEAVE	15 days and BELOW		
PATERNITY LEAVE <i>4 Copies each</i>	Form 6 Marriage Certificate (photocopy) Birth Certificate (photocopy)		
SOLO PARENT LEAVE <i>4 Copies each</i>	Form 6 Solo Parent ID w/ expiration date (photocopy)		
SICK LEAVE (must be filled immediately upon return) <i>4 Copies each</i>	Form 6 Medical Certificate (6 days and above)		
VACATION LEAVE (must be filed 5 days before the intended leave) <i>4 Copies each</i>	Form 6		