

July 16, 2018


DIVISION MEMORANDUM

No. **221** s. 2018

**REITERATION IN THE FILLING OF LEAVES AND
SUBMISSION OF FORM 6**

TO: Assistant Schools Division Superintendents
OIC, Assistant Schools Division Superintendent
Chiefs, CID and SGOD
Education Program Supervisors
Public School District Supervisors
Public Elementary, Junior High and Senior High School Heads
Public Elementary, Junior High and Senior High School Teachers
All Concerned

1. To facilitate efficient and timely processing of Leave Forms, please be informed that this Office establishes additional guidelines in the submission and processing of Leave Forms to both teaching and non-teaching employees as per consultation of all District Clerks, MHRC, School Clerks and Personnel unit in the SDO.
2. The application of Vacation Leave (VL), Force Leave (FL), and Special Privilege Leave (SPL) for non-teaching employees (Division-based and School-based) shall be filed and applied **five (5) working days before** the actual use of such leaves except for emergency cases.
3. Sick Leave (SL) shall be filed and applied upon returning to duty. Five days or more sick leave shall be accompanied with Medical Certificates.
4. Kindly utilize and adhere the prescribed format for leave applications and duly accomplish of all the necessary and required fields in the Form 6. Attached herewith is prescribed Form 6 and must be in a long size bond paper.
5. Details on the part of Action of Application shall be recommended by authorized official and shall be filled and shall be filled up only by the personnel in-charge in the HR unit of this Office who in turn shall affix his/her initial under the name of Administrative Officer V.
6. All duly accomplished leave forms shall be validated and checked by the Municipal Human Resource Coordinators before submitting to the Records Unit of this Division for receiving and recording purposes.
7. Furthermore, please be reminded that the submission of Form 6 for school based personnel is scheduled **every Friday of the week starting August 01, 2018** accompanied with the signed checklist by MHRC
8. Immediate dissemination of and strict compliance to this Memorandum are strictly desired.


ELIAS A. ALCANTARA, JR., Ed.D.
OIC-Assistant Schools Division Superintendent
for: **CHERRYLOU D. REPIA**
Schools Division Superintendent

LOCAL LEAVE
OF ABSENCE

APPLICATION FOR LEAVE

1. OFFICE/ AGENCY	2. NAME(LAST)	(FIRST)	(MIDDLE)
3. DATE OF FILING	4. POSITION	5. SALARY (MONTHLY)	
6. DETAILS OF APPLICATION			

6. a) TYPE OF LEAVE

☐
☐

VACATION
TO SEEK EMPLOYMENT
OTHERS (specify) _____

☐
☐
☐

SICK
MATERNITY
OTHER (specify) _____

6. b) WHERE LEAVE WILL BE SPENT

(1) IN CASE OF VACATION LEAVE

☐
☐

WITH IN THE PHILIPPINES
ABROAD (SPECIFY) _____

(2) IN CASE OF SICK LEAVE

☐

IN HOSPITAL (specify) _____

☐

OUT PATIENT (Specify) _____

6. c) NUMBER OF WORKING DAYS
APPLIED FOR
INCLUSIVE DATES _____

6. d) COMMUTATION

☐

requested

☐

not requested

(Signature of Applicant)

7. DETAILS ON ACTION OF APPLICATION

7. a) CERTIFICATION OF LEAVE CREDITS
AS OF _____

VACATION
_____ DAYS

SICK
_____ DAYS

LEAVE BALANCE
_____ DAYS

7. b) RECOMMENDATION

☐
☐

APPROVAL
DISAPPROVAL DUE TO _____

AUTHORIZED OFFICIAL

VERNA C. CABAYA
ADMINISTRATIVE OFFICER V

7. c) APPROVED FOR:

DAYS WITH PAY

DAYS WITHOUT PAY

OTHER (Specify)

7. d) DISAPPROVED DUE TO:

DATE: _____

FOR TRAVEL ABROAD
PERSONAL PURPOSE
ONLY

APPLICATION FOR LEAVE

1. OFFICE/ AGENCY	2. NAME(LAST)	(FIRST)	(MIDDLE)
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3. DATE OF FILING	4. POSITION	5. SALARY (MONTHLY)
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6.	DETAILS OF APPLICATION
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6. a) TYPE OF LEAVE

<input type="checkbox"/>	VACATION
<input type="checkbox"/>	TO SEEK EMPLOYMENT
<input type="checkbox"/>	OTHERS (specify) _____

<input type="checkbox"/>	SICK
<input type="checkbox"/>	MATERNITY
<input type="checkbox"/>	OTHER (specify) _____

6. b) WHERE LEAVE WILL BE SPENT

(1) IN CASE OF VACATION LEAVE

<input type="checkbox"/>	WITH IN THE PHILIPPINES
<input type="checkbox"/>	ABROAD (SPECIFY) _____

(2) IN CASE OF SICK LEAVE

<input type="checkbox"/>	IN HOSPITAL (specify) _____
<input type="checkbox"/>	OUT PATIENT (Specify) _____

6. c) NUMBER OF WORKING DAYS

APPLIED FOR _____
INCLUSIVE DATES _____

6. d) COMMUTATION

<input type="checkbox"/>	requested	<input type="checkbox"/>	not requested
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(Signature of Applicant)

7.	DETAILS ON ACTION OF APPLICATION
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7. a) CERTIFICATION OF LEAVE CREDITS
AS OF _____

VACATION	SICK	TOTAL
_____	_____	_____
DAYS	DAYS	DAYS

7. b) RECOMMENDATION

<input type="checkbox"/>	APPROVAL
<input type="checkbox"/>	DISAPPROVAL DUE TO _____

VERNA C. CABAYA
ADMINISTRATIVE OFFICER V

AUTHORIZED OFFICIAL

7. c) APPROVED FOR:

_____	DAYS WITH PAY
_____	DAYS WITHOUT PAY
_____	OTHER (Specify)

7. d) DISAPPROVED DUE TO:

CHERRYLOU D. DE MESA
SCHOOLS DIVISION SUPERINTENDENT

DIOSDADO M. SAN ANTONIO
DIRECTOR IV

DATE: