To: Assistant Schools Division Superintendent  
Chief Education Supervisors  
Education Program Supervisors  
Public Schools District Supervisors  
Elementary and Secondary School Heads  
All Non-teaching Personnel

From: SOCORRO V. DELA ROSA, CESO VI  
Schools Division Superintendent

Subject: Monetization of Accrued Leave Credits

Date: August 13, 2018

1. This office is now accepting application for monetization of accrued leave credits starting today until August 31, 2018.

2. Required documents for application are: three (3) copies letter of intent; three (3) copies of Form 6; and one photocopy of latest pay slip.

3. Maximum of thirty (30) days shall be applied, subject to the availability of leave credits, and subject to the approval of the DBM after evaluation.

4. Submission after due date will not be accepted.

5. For wide dissemination, information and guidance.
The Schools Division Superintendent
Division Office
Virac, Catanduanes

Madam:

May I request for monetization of _______ days to be used for the reason/s indicated below:

____ Medical
____ Educational
____ House Repair
____ Payment for Loan
____ Others

Very truly yours,

Approved:

SOCORRO V. DELA ROSA, CESO VI
Schools Division Superintendent
APPLICATION FOR LEAVE

1. OFFICE/AGENCY:
   DEPARTMENT OF EDUCATION

2. NAME:
   (Last)  (First)  (M.I.)

3. Date of Filing:

4. Position:

5. Salary: (Monthly)

DETAILED APPLICATION

6.a. TYPE OF LEAVE:

- VACATION LEAVE
- SICK LEAVE
- Others (Specify)

Non-Teaching Only:
- Mandatory Force Leave (MFL)
- Special Leave (SPL)
- Compensatory Time Off (CTO)
- Maternity/Commutation Leave

Teaching & Non-Teaching:
- Maternity Leave (ML)
- Paternity Leave (PL)
- Study Leave
- Parental Leave (SP)
- Violence Against Women Leave
- Terminal Leave

6.b. WHERE LEAVE WILL BE SPENT:

   1. IN CASE OF VACATION LEAVE:
      - Within the Philippines
      - Abroad (Specify)

   2. IN CASE OF SICK LEAVE:
      - In Hospital (Specify)
      - Out – patient (Specify)

6.d. COMMUTATION:

   - Requested
   - Not Requested

6.c. NUMBER OF WORKING DAYS APPLIED FOR:

   INCLUSIVE DATES:

__________________________
Signature of Employee

DETAILS OF ACTION ON APPLICATION

7.a. CERTIFICATION OF LEAVE CREDITS:

As of _______________

<table>
<thead>
<tr>
<th>VACATION</th>
<th>SICK</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>days</td>
<td>days</td>
<td>days</td>
</tr>
</tbody>
</table>

Authorized Official

7.b. RECOMMENDATION:

- APPROVED
- DISAPPROVED DUE TO:


7.c. APPROVED FOR:

- days with pay
- days without pay
- Others (Specify)

7.d. DISAPPROVED DUE TO:


SOCORRO V. DELA ROSA, CESOYI
SCHOOL'S DIVISION SUPERINTENDENT

INSTRUCTIONS
1. Application for vacation or sick leave of ONE FULL DAY or more shall be made on this form and be accomplished in four copies right after return to duty. HALF DAY – considered as tardiness for AM, Under-time for PM to be deducted from VACATION LEAVE for non-teaching and SICK LEAVE for teachers.
2. Application for VACATION LEAVE/ SOLO PARENT/SPL/ MFL/ CTO for non-teaching and other form of leave shall be filed in advance or whenever possible five (5) days before going on such leave.
3. Application for sick leave filed in advance, or exceeding five days shall be accompanied by a medical certificate. In case medical consultation was not evaded, an affidavit shall be executed by the applicant.
4. An employee who is absent without approved leave shall not be entitled to receive his salary corresponding to the period of his authorized leave of absence.
5. An application of leave of absence for thirty (30) calendar days or more shall be accompanied by a clearance from money or property responsibilities.