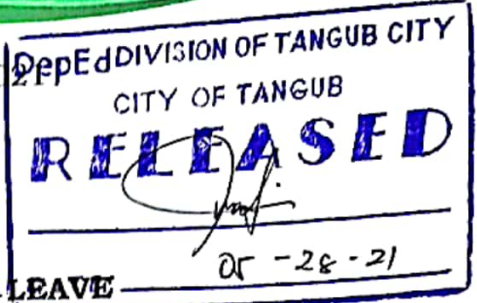




May 28, 2021



DIVISION MEMORANDUM
No. 110, s. 2021

AMENDMENT TO OMNIBUS RULES ON LEAVE
(CSC MC No. 41, s. 1998, as amended)

To: Assistant Schools Division Superintendent
Chief Education Supervisors (CID & SGOD)
District In- Charge
Public Elementary and Secondary School Heads
Division Office Personnel
All Other Concerned
This Division

1. The Civil Service Commission issued a Resolution Number 2100020 promulgated January 07, 2021 re: Expanded Maternity Leave; Paternity Leave; Adoption Leave; Medical Certificate for Leave Form; New Application for Leave Form; Notice of Allocation of Maternity Leave Form.
2. In compliance with this CSC Resolution, this Office immediately implements the new revised Civil Service Form No. 6 Application for Leave and Civil Service Form No. 6a Notice of Allocation of Maternity Leave for female employee.
3. Attached are the CS Form 6 and CS form 6a for guidance and compliance.
4. Immediate dissemination of this Memorandum to all concerned is enjoined.

AGUSTINES E. CEPE, CESO V
Schools Division Superintendent





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 <input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 6972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552) Others: _____	6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____ <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ <i>In case of Study Leave:</i> <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave												
6.C NUMBER OF WORKING DAYS APPLIED FOR _____ INCLUSIVE DATES _____	6.D COMMUTATION <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested _____ (Signature of Applicant)												
7. DETAILS OF ACTION ON APPLICATION													
7.A CERTIFICATION OF LEAVE CREDITS As of _____ <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 style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Less this application</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Balance</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">DELMA R. DENAPO _____ <i>Administrative Officer IV</i></p>		Vacation Leave	Sick Leave	Total Earned	_____	_____	Less this application	_____	_____	Balance	_____	_____	7.B RECOMMENDATION <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ _____ _____ _____ Office / Section Head
	Vacation Leave	Sick Leave											
Total Earned	_____	_____											
Less this application	_____	_____											
Balance	_____	_____											
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____	7.D DISAPPROVED DUE TO: _____ _____ _____ _____ (Authorized Official)												



INSTRUCTIONS AND REQUIREMENTS

Application for any type of leave shall be made on this Form and **to be accomplished at least in duplicate** with documentary requirements, as follows:

- 1. Vacation leave***
It shall be filed five (5) days in advance, whenever possible, of the effective date of such leave. Vacation leave within in the Philippines or abroad shall be indicated in the form for purposes of securing travel authority and completing clearance from money and work accountabilities.
- 2. Mandatory/Forced leave**
Annual five-day vacation leave shall be forfeited if not taken during the year. In case the scheduled leave has been cancelled in the exigency of the service by the head of agency, it shall no longer be deducted from the accumulated vacation leave. Availment of one (1) day or more Vacation Leave (VL) shall be considered for complying the mandatory/forced leave subject to the conditions under Section 25, Rule XVI of the Omnibus Rules Implementing E.O. No. 292.
- 3. Sick leave***
 - It shall be filed immediately upon employee's return from such leave.
 - If filed in advance or exceeding five (5) days, application shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by an applicant.
- 4. Maternity leave* – 105 days**
 - Proof of pregnancy e.g. ultrasound, doctor's certificate on the expected date of delivery
 - Accomplished Notice of Allocation of Maternity Leave Credits (CS Form No. 6a), if needed
 - Seconded female employees shall enjoy maternity leave with full pay in the recipient agency.
- 5. Paternity leave – 7 days**
Proof of child's delivery e.g. birth certificate, medical certificate and marriage contract
- 6. Special Privilege leave – 3 days**
It shall be filed/approved for at least one (1) week prior to availment, except on emergency cases. Special privilege leave within the Philippines or abroad shall be indicated in the form for purposes of securing travel authority and completing clearance from money and work accountabilities.
- 7. Solo Parent leave – 7 days**
It shall be filed in advance or whenever possible five (5) days before going on such leave with updated Solo Parent Identification Card.
- 8. Study leave* – up to 6 months**
 - Shall meet the agency's internal requirements, if any;
 - Contract between the agency head or authorized representative and the employee concerned.
- 9. VAWC leave – 10 days**
 - It shall be filed in advance or immediately upon the woman employee's return from such leave.
 - It shall be accompanied by any of the following supporting documents:
 - a. Barangay Protection Order (BPO) obtained from the barangay;
 - b. Temporary/Permanent Protection Order (TPO/PPO) obtained from the court;
 - c. If the protection order is not yet issued by the barangay or the court, a certification issued by the Punong Barangay/Kagawad or Prosecutor or the Clerk of Court that the application for the BPO, TPO or PPO has been filed with the said office shall be sufficient to support the application for the ten-day leave; or
- 10. Rehabilitation leave* – up to 6 months**
 - Application shall be made within one (1) week from the time of the accident except when a longer period is warranted.
 - Letter request supported by relevant reports such as the police report, if any,
 - Medical certificate on the nature of the injuries, the course of treatment involved, and the need to undergo rest, recuperation, and rehabilitation, as the case may be.
 - Written concurrence of a government physician should be obtained relative to the recommendation for rehabilitation if the attending physician is a private practitioner, particularly on the duration of the period of rehabilitation.
- 11. Special leave benefits for women* – up to 2 months**
 - The application may be filed in advance, that is, at least five (5) days prior to the scheduled date of the gynecological surgery that will be undergone by the employee. In case of emergency, the application for special leave shall be filed immediately upon employee's return but during confinement the agency shall be notified of said surgery.
 - The application shall be accompanied by a medical certificate filled out by the proper medical authorities, e.g. the attending surgeon accompanied by a clinical summary reflecting the gynecological disorder which shall be addressed or was addressed by the said surgery; the histopathological report; the operative technique used for the surgery; the duration of the surgery including the peri-operative period (period of confinement around surgery); as well as the employees estimated period of recuperation for the same.
- 12. Special Emergency (Calamity) leave – up to 5 days**
 - The special emergency leave can be applied for a maximum of five (5) straight working days or staggered basis within thirty (30) days from the actual occurrence of the natural calamity/disaster. Said privilege shall be enjoyed once a year, not in every instance of calamity or disaster.
 - The head of office shall take full responsibility for the grant of special emergency leave and verification of the employee's eligibility to be granted thereof. Said verification shall include: validation of place of residence based on latest available records of the affected employee; verification that the place of residence is covered in the declaration of calamity area by the proper government agency; and such other proofs as may be necessary.
- 13. Monetization of leave credits**
Application for monetization of fifty percent (50%) or more of the accumulated leave credits shall be accompanied by letter request to the head of the agency stating the valid and justifiable reasons.
- 14. Terminal leave***
Proof of employee's resignation or retirement or separation from the service.
- 15. Adoption Leave**
 - Application for adoption leave shall be filed with an authenticated copy of the Pre-Adoptive Placement Authority issued by the Department of Social Welfare and Development (DSWD).

* For leave of absence for thirty (30) calendar days or more and terminal leave, application shall be accompanied by a clearance from money, property and work-related accountabilities (pursuant to CSC Memorandum Circular No. 2, s. 1985).



CS Form No. 6a
 Series of 2020

NOTICE OF ALLOCATION OF MATERNITY LEAVE

I. FOR FEMALE EMPLOYEE

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
HOME ADDRESS	AGENCY and ADDRESS
CONTACT DETAILS (Phone number and e-mail address)	
<p>I am allocating ____ days (7 days max.) of my 105-day maternity leave to Mr./Ms. _____, which benefit is granted under Republic Act No. 11210 or the 105-Day Expanded Maternity Law. Attached is the proof of our relationship.</p>	
_____ SIGNATURE OVER PRINTED NAME	_____ DATE

II. FOR CHILD'S FATHER/ALTERNATE CAREGIVER

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
HOME ADDRESS	AGENCY / EMPLOYER and ADDRESS
CONTACT DETAILS (Phone number and e-mail address)	
RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x") <input type="checkbox"/> Child's father <input type="checkbox"/> Alternate caregiver <input type="checkbox"/> Relative within fourth degree of consanguinity (Specify: _____) <input type="checkbox"/> Current partner sharing the same household	<p>I accept the allocated ____ days of the 105-day maternity leave from the abovementioned female employee and I/we submit the attached proof of our relationship. It is understood that the allocated maternity leave is for the care of our/her newborn child.</p>
	_____ SIGNATURE OVER PRINTED NAME _____ DATE

PROOF OF RELATIONSHIP (Please mark the box with "x" and attach a photocopy of the document)			
<input type="checkbox"/> Child's Birth Certificate	<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Barangay Certificate	<input type="checkbox"/> Other bona fide document/s that can prove filial relationship

III. FOR THE HRMO AND THE HEAD OF OFFICE/AUTHORIZED OFFICIAL

<p>I certify that Ms. _____ has a maternity leave balance of ____ days. Furthermore, I have reviewed and evaluated the attached supporting document/s and find the herein allocation of maternity leave in order.</p>	<p>APPROVED:</p> <p>LORENA P. SERRANO, CESE Assistant Schools Division Superintendent</p>
<p>DELMA R. DENAPO Administrative Officer IV (HRMO-II) _____ DATE</p>	<p>_____ DATE</p>
AGENCY, ADDRESS and CONTACT DETAILS _____ _____ _____	

📍 Anecito St., Mantig, Tangub City
 🌐 Website: www.depedtangub.net
 📞 Telephone: (088) 545 - 0304
 📠 Telefax: (088) 395 - 3372



Instructions

1. The form shall be used as written notice of the female employee to her agency regarding her allocation of a maximum of seven (7) days from the 105-day expanded maternity leave.
2. The form shall be accomplished in three (3) copies: copy for the female employee; copy for the agency; and copy for the agency/employer of the child's father/alternate caregiver.
3. The form with proof of relationship shall be attached to the Application for Leave (CS Form No. 6) of the female employee.
4. The authorized official shall forward the copy for the agency/employer of the child's father/alternate caregiver.
5. Item I of the form shall be accomplished by the female employee. She shall provide the required personal and agency information, the number of maternity leave days sought to be allocated and the name of the recipient of the allocated leave. She shall affix her signature over printed name with date of signing.
6. Item II of the form shall be accomplished by the child's father/alternate caregiver. He/she shall provide the required personal and agency/employer information and he/she shall affix his/her signature over printed name with date of signing.
7. Item III of the form shall reflect the name of the female employee and her maternity leave balance. This part shall be accomplished and signed by the Human Resource Management Officer (HRMO) in the agency. It is a ministerial duty of the head of office or his/her authorized official to approve said allocation and indicate the date of signing. The agency, thru the HRMO, is responsible to forward a copy of the accomplished form to the agency/employer of the child's father/alternate caregiver.