

APPLICATION FOR LEAVE OF ABSENCE

Requirements (2 copies each):

Sick Leave

- _____ 1. Form 6
- _____ 2. Medical Certificate bears complete details of the physician (e.g., name and PRC/license, PTR and S2 numbers), the employee, and the employee's condition/state of health. (5 days above)
- _____ 3. CSC FORM 7 Clearance (30 days and above) (original)

Personal/Vacation Leave

- _____ 1. Form 6
- _____ 2. Personal Letter
- _____ 3. CSC FORM 7 Clearance (30 days and above) (original)

Maternity Leave (R.A 11210)

- _____ 1. Form 6
- _____ 2. Medical certificate bears complete details of the physician (e.g., name and PRC/license, PTR and S2 numbers), the employee, and the employee's condition/state of health.
- _____ 3. CSC FORM 7 Clearance (original)
- _____ 4. Ultrasound (if miscarriage)

Exhaustion Of Leave Credits

- _____ 1. Form 6
- _____ 2 Letter (address to SDS)
- _____ 3. CSC FORM 7 Clearance (30 days and above) (original)

Special Privilege Leave for Women (RA 9710)

- _____ 1. Form 6
- _____ 2. Medical certificate bears complete details of the physician (e.g., name and PRC/license, PTR and S2 numbers), the employee, and the employee's condition/state of health.
- _____ 3. Ultrasound
- _____ 4. Clinical Abstract
- _____ 5. Operation Report
- _____ 6. Hospital Bill
- _____ 7. CSC FORM 7 Clearance (30 days and above) (original)

Paternity Leave

- _____ 1. Form 6
- _____ 2. Marriage Certificate
- _____ 3. Birth Certificate of Child

Rehabilitation Leave

- _____ 1. Form 6
- _____ 2. Medical certificate showing evidence incurred during the performance of duty
- _____ 3. Clinical Abstract
- _____ 4. Ultrasound
- _____ 5. Operation Report
- _____ 6. Letter reported by the principal concerned direct to the absence of an employee witness by any of the two persons
- _____ 7. DTR
- _____ 8. Logbook
- _____ 9. AWA report
- _____ 10. Position description form (PDF)
- _____ 11. Police report