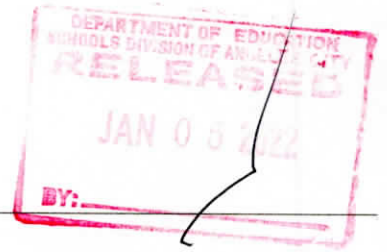




Republic of the Philippines  
**Department of Education**  
Region III  
Schools Division of Angeles City



**DIVISION MEMORANDUM**

No. 008 s. 2022

January 5, 2022

**SCHEDULE OF FORCED LEAVE FOR FISCAL YEAR 2022**

**To: ASSISTANT SCHOOLS DIVISION SUPERINTENDENT  
CHIEFS, CID and SGOD  
UNIT HEADS  
ALL DIVISION OFFICE PERSONNEL**

1. Relative to Section 25.a, Rule XVI, Omnibus Rules on Leave, "All officials and employees with 10 days or more vacation leave credits shall be required to go on vacation leave whether continuous or intermittent for a minimum of five (5) working days annually under the following conditions: (a) The head of agency shall, upon prior consultation with the employees, prepare a staggered schedule of the mandatory five-day vacation leave of officials and employees, provided that he may, in the exigency of the service, cancel any previously scheduled leave", all Division personnel are enjoined to submit their application for forced leave for the Fiscal Year 2022.
2. All applications must be filed using the CSC Form 6 to be recommended by the Unit Head.
3. Unit Heads must ensure continuous and uninterrupted delivery of service during the filed period of leave of all personnel within the unit.
4. In cases where applied dates must be cancelled or re-scheduled, the concerned personnel must inform the HR Personnel Action Officer at least a day before the applied date.
5. Accomplished Form 6 and Unit Forced Leave Application Form must be submitted not later than January 14, 2022 at the Personnel Unit Office.
6. For your strict compliance.

**MA. IRELYN P. TAMAYO, Ph D CESE**  
Asst. Schools Division Superintendent  
Officer-in-Charge  
Office of the Schools Division Superintendent



Address: <sup>CA 2022-004</sup> Jesus Street, Pulungbulu, Angeles City  
Telephone No. (045) 322-4101  
angeles.city@deped.gov.ph





Republic of the Philippines  
**Department of Education**  
Region III  
Schools Division of Angeles City

**SCHEDULE OF FORCED LEAVE FOR FISCAL YEAR 2022**

UNIT: \_\_\_\_\_

UNIT HEAD: \_\_\_\_\_

Notes: This form must be accomplished in consultation with the unit/team members. The unit head must check that the schedule is staggered to ensure continuous and uninterrupted service delivery. **Applied dates must be between January to December**. In cases that the applied date must be cancelled due to exigency of service, request for disapproval signed by the unit head shall be submitted at least a day before the approved schedule.



NAME (Last Name   First Name   Middle Initial)	POSITION	DATES APPLIED (FL) (mm/dd/yyyy)	ACTION TAKEN	SIGNATURE OF EMPLOYEE
1				
2				
3				
4				
5				
6				
7				
8				
9				
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25				

Recommending approval:

Approved:

\_\_\_\_\_  
Head of the Unit

\_\_\_\_\_  
**MA. IRELYN P. TAMAYO, PhD, CESE**  
Asst. Schools Division Superintendent  
Officer-in-Charge  
Schools Division Superintendent

	<b>Department of Education</b> <b>Region III</b> <b>DIVISION OF CITY SCHOOLS</b> <b>Angeles City</b> Jesus Street, Pulungbulu, Angeles City		Document Code: SDO-QF-OSDS-PER-032 Revision: 00 Effectivity date: 10/31/2018
	<b>APPLICATION FOR LEAVE</b> <b>(NON-TEACHING)</b>		Name of Office: <b>OSDS-PERSONNEL</b>

**60 DAYS OR LESS**

SCHOOL/DISTRICT/OFFICE	NAME(LAST)	(FIRST)	(MIDDLE)
DATE OF FILING		POSITION	SALARY
DETAILS OF APPLICATION			
<b>TYPE OF LEAVE</b> <input type="checkbox"/> <input type="checkbox"/> VACATION <input type="checkbox"/> <input type="checkbox"/> TO SEEK EMPLOYMENT <input type="checkbox"/> <input type="checkbox"/> OTHERS(Pls.specify) <b>FORCED LEAVE</b> _____		<b>WHERE LEAVE WILL BE SPENT</b> <b>(1) In case of vacation leave</b> <input type="checkbox"/> <input type="checkbox"/> Within the Philippines <input type="checkbox"/> <input type="checkbox"/> Abroad (Pls. verify) _____	
<input type="checkbox"/> <input type="checkbox"/> SICK LEAVE <input type="checkbox"/> <input type="checkbox"/> MATERNITY LEAVE <input type="checkbox"/> <input type="checkbox"/> OTHERS (Pls.specify) _____		<b>(2) In case of sick leave</b> <input type="checkbox"/> <input type="checkbox"/> In Hospital (Pls. verify) _____ <input type="checkbox"/> <input type="checkbox"/> Out Patient _____	
<b>NUMBER OF WORKING DAYS APPLIED FOR:</b>  Inclusive Dates: _____  <input type="checkbox"/> <input type="checkbox"/> Requested / <input type="checkbox"/> <input type="checkbox"/> Not Requested			
SIGNATURE OF APPLICANT _____		RECOMMENDATION <input type="checkbox"/> <input type="checkbox"/> APPROVED <input type="checkbox"/> <input type="checkbox"/> DISAPPROVED DUE TO: _____  Immediate Supervisor _____	
<b>Employee Number:</b> _____			
DETAILS OF ACTION ON APPLICATION			
<b>CERTIFICATION LEAVE CREDITS</b> as of _____		<b>PREPARED BY:</b>  _____ <b>RENZ S. MULDONG</b> Administrative Aide VI	
<b>VACATION:    SICK :    TOTAL:</b>  :            :            : : FL		<b>CERTIFIED CORRECT:</b>  _____ <b>HAZEL A. CARBUNGCO</b> Administrative Officer V	
<b>APPROVED FOR:</b> _____ Days with pay _____ Days without pay _____ Others (specify) _____		<b>DISAPPROVED DUE TO:</b>  _____ _____	
<b>RECOMMENDING APPROVAL:</b>  <b>HAZEL A. CARBUNGCO</b> Administrative Officer V		<b>APPROVED:</b>  <b>FERNANDINA P. OTCHENGCO, PhD, CESE</b> OIC- Schools Division Superintendent	

Control No.: \_\_\_\_\_

**"SMILES BRIGHT, SERVES RIGHT"**