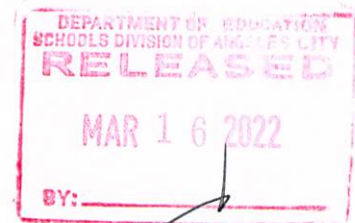




Republic of the Philippines
Department of Education
Region III
SCHOOLS DIVISION OF ANGELES CITY



March 16, 2022

DIVISION MEMORANDUM
NO. 109, S. 2022

USE OF CIVIL SERVICE FORM 6 REVISED 2020 IN FILING LEAVE OF ABSENCES

TO: Assistant Schools Division Superintendent
Chief, SGOD
OIC Chief, CID
Unit Heads
All Heads of Public Elementary, Secondary, Integrated and Senior High Schools
All Teaching and Non-Teaching Personnel
All concerned

1. This is to announce that effective immediately, all teachers, non-teaching personnel in schools and Division personnel are to use the Civil Service Form 6 Revised 2020 (using A4 bond paper, for uniformity) in filing of leave of absence.
2. Also, all Division teaching and non-teaching personnel who are filing their leave and the AOII/ADAS/Division HR (in charge of leave application) are highly advised to fill out the Form 6 completely and properly in two copies. For Maternity leave, Magna Carta and Exhaustion of Leave credits, all concerned are to submit three copies.
3. The Authorized signatory Officials for the CS Form 6 are as follows:

- a. For Section 7.A Certification of Leave Credits

The Administrative Officer II/Administrative Assistant (for Schools) and the HR Personnel in charge of leave (for Division personnel).

- b. For 7.B Recommendation

The Principal (for Schools), the Unit Head (for Division Office Personnel), and Assistant Schools Division Superintendent (for Unit Heads).



Address: Jesus Street, Pulungbulu, Angeles City
Telephone No. (045) 322-4101





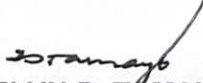

Republic of the Philippines
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c. For 7.C and 7.D Approved for /Disapproved due to:

The Assistant Schools Division Superintendent but for more than 30 days of leave of Absence, the Authorized Official to sign is the Schools Division Superintendent.

The Schools Division Superintendent for Division Unit Heads.

4. The CS Form 6 can be downloaded through the City of Angeles website.
5. Attached is a copy of the Civil Service Form 6 Revised 2020.
6. Wide dissemination of and compliance to this Memorandum are earnestly desired.


MA. IRELYN P. TAMAYO, PhD, CESO V
Schools Division Superintendent 

rba/aaidevi/asds

Control No. 092



Address: Jesus Street, Pulungbulu, Angeles City
Telephone No.(045) 322-4101





Republic of the Philippines
Department of Education
Region III
Division of City Schools, Angeles City
Jesus St, Pulung Bulu, Angeles City

Stamp of Date of Receipt

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 (R.A. No. 8972 / 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 (R.A. 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 (R.A. 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) <i>Others:</i> _____		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;"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td>Total Earned</td><td></td><td></td></tr><tr><td>Less this application</td><td></td><td></td></tr><tr><td>Balance</td><td></td><td></td></tr></tbody></table> _____ (Authorized Officer) <small>**For School-based personnel, the Authorized Officer is the Administrative Officer II or Administrative Assistant; for Division Office personnels, it will be the HR Personnel incharge of Leave.</small>			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 _____ _____ _____ _____ (Authorized Officer) <small>**For School-based personnel, the Authorized Officer is the School Principal; for Division Office personnel, it will be the Unit Head; for Unit Heads, it will be the Assistant Schools Division Superintendent.</small>
	Vacation Leave	Sick Leave												
Total Earned														
Less this application														
Balance														
7.C APPROVED FOR: _____ days with pay _____ days without pay _____ others (Specify) _____ (Authorized Official) <small>**For leaves below 30 days, Authorized Officer is the Assistant Schools Division Superintendent; for leaves 30 days and above, the Authorized Officer is the Schools Division Superintendent. For Unit Heads, it will be the Schools Division Superintendent regardless of the number of days.</small>		7.D DISAPPROVED DUE TO: _____ _____ _____												