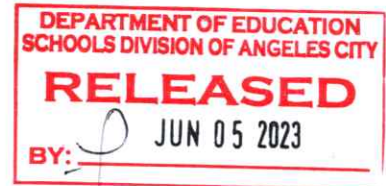




Republic of the Philippines  
**Department of Education**  
Region III  
Schools Division of Angeles City



02 June 2023

**DIVISION MEMORANDUM**  
**NO. 197, S. 2023**

**PROPER FILING OF APPLICATION OF LEAVE OF ABSENCE**

To: Assistant Schools Division Superintendent  
SGOD – Chief Education Supervisor  
CID – OIC-Chief Education Supervisor  
Education Program Supervisors  
Public School District Supervisors  
Heads, Public Elementary and Secondary Schools  
All Others concerned

1. Pursuant to the Civil Service Commission Omnibus Rules on Leave Rule XVI and as amended by the CSC MC No. 41, s. 1998, all DepEd employees are hereby reminded of the proper filing of leave of absence and the corresponding requirements.
2. Application for any type of leave shall be made on the CSC Form 6 (Revised 2020) to be accomplished with applicable documentary requirements and required number of copies is stated in Enclosure No. 1.
3. The prescribed period within which to file the application for leave of absence as well as the reglementary documents must be strictly adhered to. Vacation leave must be filed at least 5 days before the effectivity of such leave; sick leave must have prior notice to immediate superior and must be filed immediately upon return to work. Failure to comply with existing provisions shall constitute disapproval of the leave which equates to leave of absence without pay.
4. For thirty (30) calendar days or more of leave of absence or terminal leave application, a division clearance is required. See enclosure no. 3.
5. For absences without approved leave which incurred for less than thirty (30) working days, a written Return-to-Work Order shall be served to the employee at his/her last known address on record. A Return to Duty must be filed upon resumption to work. Failure on the part of the employee to report to work within the period stated in the Order shall be a valid ground to drop the employee from the rolls.



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

6. Continuous absences without approved leave for at least 30 working days shall be considered absence without official leave (AWOL) were employee may be dropped from the rolls without prior notice.

7. For employees with approved leave of absences of ~~(6)~~ days or more must fill up a Return to Duty Form and filed in the Office immediately upon return to work.

8. Various forms and supporting documents are found in the following enclosures:

Enclosure No. 1 – List of Documentary Requirements

Enclosure No. 2 – Application for Leave of Absence (Form 6)

Enclosure No. 3 – Division Clearance Form 7)

Enclosure No. 4 - Medical Certificate (Form 41)

Enclosure No. 5 - Medical Certificate (Form 211)

Enclosure No. 6 – Return to Duty Form

Enclosure No. 7 - Return to Work Order

9. Immediate and wide dissemination of this Memorandum is desired.

  
**RONALDO A. POZON PhD, CESO V**  
Schools Division Superintendent 

Encls.: As stated

Reference: As stated

To be indicated in the Perpetual Index under the following subjects:

LEAVE FORM CLEARANCE MEDICAL CERTIFICATE RETURN TO DUTY

CLM/PERSONNEL/June 1, 2023

**REQUIREMENTS FOR THE APPLICATION OF LEAVE**

TYPE OF LEAVE	REQUIREMENT/S
<b>SICK LEAVE</b>	<p>Reminder: An employee who cannot report to work due to illness must inform his/her immediate head of his/her condition. For 1 to 5 days leave, 1 copy only of CSC Form No. 6 (Revised 2020) shall be filed immediately upon employee's return to work.</p> <hr/> <p>For sick leave of five (5) days or more, the following must be filed in one (1) copy only, immediately <b>upon return to work</b>:</p> <ul style="list-style-type: none"> <li>•CSC Form No. 6</li> <li>•Medical Certificate (CSC Form 41)</li> <li>•Return To Duty form</li> <li>•Fit to Work (from the Physician)</li> <li>•Medical Certificate (Form 211)</li> </ul> <p><b>Note 2:</b> For employees who will undergo scheduled medical examination/operation or advised to rest due to illness, CSC form 6 sick may be filed in advance supported by medical certificate.</p> <p><b>Note 3:</b> For leave of absence <b>with or without pay for more than thirty (30) days</b>, a <b>Division Clearance</b> (CSC Form No. 7 Revised 2018) is required.</p>
<b>VACATION LEAVE</b>	<p>All application for vacation leave must be filed five (5) days in advance from the effective date of such leave.</p> <hr/> <p>For leave of absence of more than thirty (30) days, <b>with or without pay</b>, a <b>Division Clearance Form</b> (CSC Form No. 7 Revised 2018) is required.</p>
<b>SPECIAL PRIVILEGE LEAVE FOR NON-TEACHING PERSONNEL ONLY</b>	<p>SPL must be filed one (1) week in advance except for emergency cases.</p>
<b>FORCED LEAVE FOR NON TEACHING PERSONNEL ONLY</b>	<p>Forced Leave must be filed five (5) days in advance from the effective date of leave. In case the scheduled leave has been cancelled due to the exigency of the service, the said leave will not be deducted from the accrued leave.</p>
<b>SOLO PARENT LEAVE</b>	<p>Solo Parent Leave must be filed five (5) days in advance except on emergency cases supported by a valid Solo Parent ID. If the leave was due to an illness of the child, and is more than five (5) days, a medical certificate is required.</p>



<p><b>EXHAUSTION OF LEAVE FOR EMPLOYEES WHO ARE RESIGNING OR RETIRING</b></p>	<p>CSC Form No. 6 must be filed with supported <b>Medical Certificate</b> and <b>Division Clearance Form</b>.</p>
---	---

<p><b>MATERNITY LEAVE (105 DAYS)</b></p>	<p>CSC Form No. 6 must be filed supported by the following documents:</p> <ul style="list-style-type: none"> <li>•Medical Certificate CSC Form 41</li> <li>•Division Clearance</li> <li>•Accomplished Notice of Allocation of Maternity Leave Credits CS Form No. 6a), <b>if applicable</b></li> </ul> <p><b>Note 1:</b> Return to Duty Form must be filed immediately upon return to work. RTD form must be supported by the following: Fit to Work (from the Physician) Medical Certificate (Form 211) (with Chest X-Ray) Approved Leave of Absence (CSC Form 6) Birth Certificate of child</p>
--	---

<p><b>MATERNITY LEAVE (60 DAYS)</b> (For cases of miscarriage or emergency termination of pregnancy)</p>	<p>CSC Form No. 6 must be filed supported by the following documents:( 1 copy only)</p> <ul style="list-style-type: none"> <li>•Medical Certificate CSC Form 41</li> <li>•Division Clearance</li> </ul> <p>Note 1: Return to Duty Form must be filed immediately upon return to work. RTD form must be supported by the following: Fit to Work (from the Physician) Medical Certificate (Form 211) Approved Leave of Absence (CSC Form 6)</p>
--	---

<p><b>PATERNITY LEAVE</b></p>	<p>CSC Form No. 6 must be filed supported by the following documents: (1 copy only) Birth Certificate of newborn Marriage Contract In case of miscarriage, Medical Certificate with pathology report is needed.</p>
-------------------------------	---

<p><b>SPECIAL LEAVE BENEFITS FOR WOMEN (Magna Carta for Women)</b> *Minor - surgical procedures requiring maximum period of recuperation of 2 weeks * Major - surgical procedures requiring maximum period of recuperation of 3 weeks to a max. of 2 months.</p>	<p>CSC Form No. 6 must be accompanied by the following:</p> <ul style="list-style-type: none"> <li>•Medical Certificate (CSC Form 41)</li> <li>•Clinical Summary (Gynecological Disorder, Histopathological report, operative technique used for the surgery, duration of the surgery, estimated period of recuperation)</li> <li>•Clearance Form (for 30 days or more)</li> </ul>
--	--

<p style="text-align: center;"><b>ADOPTION LEAVE</b></p>	<p>CSC Form No. 6 must be filed atleast 5 days before the effective date of the leave. Attach any of the following applicable document:  <b>•Authenticated copy of Pre-Adoptive Placement Authority</b> issued by DSWD (if the leave will be availed before the grant of petition for adoption)  <b>•Authenticated copy of the Decree of Adoption</b> (if the leave will be availed after the grant of the petition for adoption)</p>
<p style="text-align: center;"><b>TEN-DAY LEAVE / VAWC LEAVE</b></p>	<p>VAWC Leave must be filed in advance or immediately upon the woman employee's return from such leave. CSC Form No. 6 (Revised 2020) must be supported by any of the following in 2 copies:</p> <ul style="list-style-type: none"> <li>•Barangay Protection Order</li> <li>•Temporary/ Permanent Protection Order from the court</li> <li>•Certification issued by the Punong Barangay/Kagawad/ Prosecutor or the Clerk of Court that application of BPO, TPO or PPO has been filed</li> </ul>
<p style="text-align: center;"><b>REHABILITATION LEAVE</b></p>	<p>Rehabilitation Leave must be filed within one (1) week from the time of the accident except when a longer period is warranted, supported with the following documents:</p> <ul style="list-style-type: none"> <li>• Letter request supported by relevant reports such as the police report, if any</li> <li>•Medical Certificate CSC Form 41</li> <li>•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.</li> </ul>
<p style="text-align: center;"><b>STUDY LEAVE</b> *Shall meet the agency's internal requirements, if any.</p>	<p>CSC Form No. 6 Revised 2020</p> <hr/> <p>Contract between the agency head or authorized representative and the employee concerned</p>
<p style="text-align: center;"><b>Special Emergency (Calamity) Leave</b></p>	<p>Calamity 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.</p> <hr/> <p>The head of office shall take full responsibility for the grant of special emergency leave and verification of the employee's eligibility to other granted thereof. Said verification shall include: validation of place 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.</p>

<b>TRAVEL ABROAD</b>	All the following documentary requirements must be in three (3) copies and must be endorsed by the school head to the Division Office 20 days before the departure date and received at the Regional Office ten (10) days before the departure date.
	1st Endorsement from School Principal
	Letter of Intent to Travel Abroad (Address to SDS)
	CSC Form No. 6 Revised 2020
	Division Clearance
	Certificate as to no pending administrative case
	Clearance for Provident Loan (If with existing provident loan, promisory note is needed.
	Certificate of Dispense Conformed with by the teacher who will take over the class during his/her leave of absence
	Medical Certificate if the purpose of travel is for consultation or treatment of ailment or sickness.
<b>Return to Duty</b>	for Leave of absence for more than 5 days, a Return to Duty Form must be filed in this Office immediately upon return to work. RTD form must be supported by the following:
	Fit to Work (from the Physician)
	Medical Certificate (Form 211) (with Chest X-Ray in case of Maternity Leave)
	Approved Leave of Absence (CSC Form 6)
	Birth Certificate of child in case of Maternity Leave





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 _____											
<b>6. DETAILS OF APPLICATION</b>													
<p><b>6.A TYPE OF LEAVE TO BE AVAILED OF</b></p> <p><input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</p> <p><input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</p> <p><input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)</p> <p><input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)</p> <p><input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</p> <p><input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</p> <p><input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)</p> <p><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</p> <p>Others: _____</p>	<p><b>6.B DETAILS OF LEAVE</b></p> <p><i>In case of Vacation/Special Privilege Leave:</i></p> <p><input checked="" type="checkbox"/> Within the Philippines _____</p> <p><input type="checkbox"/> Abroad (Specify) _____</p> <p><i>In case of Sick Leave:</i></p> <p><input type="checkbox"/> In Hospital (Specify Illness) _____</p> <p><input type="checkbox"/> Out Patient (Specify Illness) _____</p> <p>_____</p> <p><i>In case of Special Leave Benefits for Women:</i></p> <p>(Specify Illness) _____</p> <p>_____</p> <p><i>In case of Study Leave:</i></p> <p><input type="checkbox"/> Completion of Master's Degree</p> <p><input type="checkbox"/> BAR/Board Examination Review</p> <p><i>Other purpose:</i></p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>												
<p><b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b></p> <p>_____</p> <p>INCLUSIVE DATES</p> <p>_____</p>	<p><b>6.D COMMUTATION</b></p> <p><input type="checkbox"/> Not Requested</p> <p><input type="checkbox"/> Requested</p> <p>_____</p> <p style="text-align: right;">(Signature of Applicant)</p>												
<b>7. DETAILS OF ACTION ON APPLICATION</b>													
<p><b>7.A CERTIFICATION OF LEAVE CREDITS</b></p> <p>As of _____</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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><i>Total Earned</i></td> <td></td> <td></td> </tr> <tr> <td><i>Less this application</i></td> <td></td> <td></td> </tr> <tr> <td><i>Balance</i></td> <td></td> <td></td> </tr> </tbody> </table> <p>_____</p> <p style="text-align: center;">(Authorized Officer)</p>		Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>			<p><b>7.B RECOMMENDATION</b></p> <p><input type="checkbox"/> For approval</p> <p><input type="checkbox"/> For disapproval due to _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">(Authorized Officer)</p>
	Vacation Leave	Sick Leave											
<i>Total Earned</i>													
<i>Less this application</i>													
<i>Balance</i>													
<p><b>7.C APPROVED FOR:</b></p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p><b>7.D DISAPPROVED DUE TO:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>												
<p>_____</p> <p style="text-align: center;">(Authorized Official)</p>													



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

**CLEARANCE FORM**

(Instructions at the back)

<b>I</b>	<b>PURPOSE:</b>				
TO: <b>DepEd - DIVISION OF ANGELES CITY</b>					
I hereby request clearance from money, property and work-related accountabilities for:					
Purpose: <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Travel Abroad					
<input type="checkbox"/> Retirement <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Other Mode of Separation:					
Please specify: _____					
Date of Effectivity: _____					
Office of Assignment: _____		Name and Signature of Employee _____			
Position/SG/Step: _____					
<b>II</b>	<b>CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES</b>				
We hereby certify that this employee is cleared <input checked="" type="checkbox"/> / not cleared <input type="checkbox"/> of work-related accountabilities from this Unit/Office/Dept.					
_____ Immediate Supervisor/Head		_____ Principal/Head of Office			
<b>III</b>	<b>CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES</b>				
	Name of Unit/Office/Department	Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
<b>1. Administrative Services</b>					
	a. Supply and Property Procurement and Management Services			Administrative Officer II <i>(for School Personnel)</i>	
				Administrative Officer IV <i>(for Division Personnel)</i>	
	b. Human Resource Welfare & Assistance			Administrative Officer IV <i>(HRMO)</i>	
	c. Agency-accredited Union/Cooperative			N/A	
<b>2. Library</b>					
	a. Legal Office Library			N/A	
	b. Library Services			N/A	
<b>3. Finance and Assets Management</b>					
	a. Financial Services; Transaction, Processing & Billing Services; Payroll & Remittance Services			<b>GAY Y. PANGILINAN</b> Accountant III	
<b>4. Professional and Institutional Development</b>					
	a. Scholarship Services			N/A	
<b>IV</b>	<b>CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:</b>				
	g. Internal Affairs Office/Legal Affairs Office			<b>ATTY. PAUL NIKON T. ALCAYRO</b> Attorney III	
<input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet)					
<b>V</b>	<b>CERTIFICATION</b>				
I hereby certify that this employee is cleared of work-related, money and property accountabilities from this agency. This certification includes no pending administrative case from this agency.					This
<b>RONALDO A. POZON PhD, CESO V</b> <i>Schools Division Superintendent</i>					



Philippine Civil Service

MEDICAL CERTIFICATE

I hereby waive all rights and privileges pertaining to professional confidence between physicians and patients and the physician accomplishing this form is authorized to answer in detail all questions contained herein.

Signature of Patient

NB: Attending physician should fill blanks below. Every detail should be answered to avoid delay in action on application for leave submitted by the patient.

Name of Patient of the Bureau of Elementary Education, Account of illness.

I hereby certify that I was the patient's actual attending physician from ... to ... inclusive, and from my professional knowledge of the case, the following statements are submitted, as contemplated by the provisions of Section 8, of the Civil Service Rule XVI:

Name of Disease of Disability:
Nature of Disease or Disability:

(Under the heading, in addition to giving fully the etiology of the disease or disability the physician must either state in the language of the Executive Order. "There are no indications whatever that the disease named due to immoral or vicious, or give the indications.)

HISTORY :

(If Maternity) Probable date of Delivery: ... 20...

Laboratory test or examination was made in this case

The applicant was confined in ... from ... 20 ... to ... 20 ...

I hereby certify that the above statements are complete and true in every detail and that in consequence of the disease or disability above specified, the applicant was ill and unable to be on duty on account of illness from ... 20 ... to ... 20 ...

Date: ... 20 ...
Affix a documentary stamp to the original

Signature of Physician

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**



- a. This medical certificate should be accomplished by a licensed government physician.  
 b. Attach this certificate to original appointment, transfer and reemployment.  
 c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:
- Blood Test
  - Urinalysis
  - Chest X-Ray
  - Drug Test
  - Psychological Test
  - Neuro-Psychiatric Examination (if applicable)

**FOR THE PROPOSED APPOINTEE**

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
ADDRESS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input type="checkbox"/>FIT / <input type="checkbox"/>UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		

	Department of Education Region III <b>DIVISION OF CITY SCHOOLS</b> Angeles City Jesus Street, Pulungbulu, Angeles City		Document Code: SDO-QF-OSDS-PER-036 Revision: 00 Effectivity date: 10/31/2018
	<b>RETURN TO DUTY FORM</b>		Name of Office: OSDS-PERSONNEL

\_\_\_\_\_ Date

**THE SCHOOLS DIVISION SUPERINTENDENT**

Division of City Schools  
 Angeles City  
 Through Channels

I have the honor to inform you that I will be ready to return to duty as \_\_\_\_\_ National/Municipality/ City Teacher/ Employee effective \_\_\_\_\_, 20 \_\_\_\_ . I was granted leave of absence on account of Sick/Maternity/Personal/Vacation Leave from \_\_\_\_\_, 20 \_\_\_\_ , inclusive on Civil Service Form 6 dated \_\_\_\_\_, 20 \_\_\_\_ .

Annual Salary: P \_\_\_\_\_  
 Assignment Grade: \_\_\_\_\_  
 School/Office: \_\_\_\_\_  
 Municipality/City: \_\_\_\_\_

The Medical Certificate (General Form No. 211) signed by a School Physician and the Birth Certificate of my child (if maternity case are herewith enclosed).

\_\_\_\_\_  
 Signature over Printed Name  
 Employee Number: \_\_\_\_\_

CERTIFIED CORRECT:

\_\_\_\_\_  
 School Head/Principal

**APPROVED:**

**RONALDO A. POZON PhD, CESO V**  
 Schools Division Superintendent

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

**"SMILES BRIGHT, SERVES RIGHT"**





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

---

To :  
Date :  
Subject : **RETURN TO WORK**

---

Records of this office indicate that you have incurred \_\_ days of absences from the period of \_\_\_\_\_.

May I invite your attention to Rule 20 Section 107 of the 2017 Rules on Administrative Cases in the Civil Service, to wit:

a. Absence Without Approved Leave

xxx

2. If the number of unauthorized absences incurred is less than thirty (30) working days, a written Return-to-Work order shall be served on the official or employee at his/her last known address on record. Failure on his/her part to report to work within the period stated in the order, which shall not be less than three (3) days, is a valid ground to drop him/her from the rolls.

xxx

Attached hereto is a report on the summary of your absences and tardiness for your reference.

In view of the foregoing, this serves as an **ORDER** for you to report to work on \_\_\_\_\_ and cease from committing any unauthorized absences otherwise, proper disciplinary action shall be imposed.

---

School Head

Copy furnished:  
Schools Division Superintendent  
Legal Unit  
Personnel Unit