

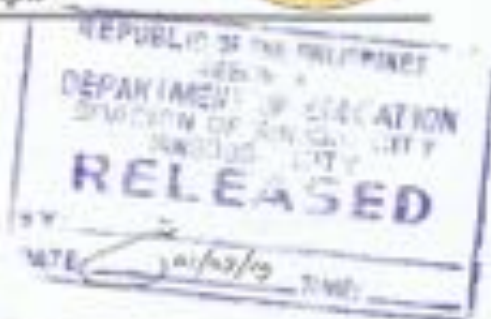


Republic of the Philippines
DEPARTMENT OF EDUCATION
Region X
DIVISION OF GINGOOG CITY
Brgy. 22, Gingoog City
Tel. No. : (088) 861 1446 / (088) 328 0118 / 08842-7475
Email Add. : gingoog.city@deped.gov.ph



Division Memorandum
No. 003 s. 2019

To : Assistant Schools Division Superintendent
CID Chief, SGOD Chief
Education Program Supervisors
Public Schools District Supervisors
Schools Heads, Elementary and Secondary
Section/Unit Heads
All Teaching and Non-Teaching Personnel
This Division



From : **OLGA C. ALONSABE, Ph. D.**
OIC-Schools Division Superintendent

Date : January 3, 2019

Re : **CSC Form 6 (Leave Form) Filing Process for DepEd Division of Gingoog City**

1. To facilitate proper filing and processing of CSC Form 6 or Leave Form, this division reiterates the guidelines and process flow stated in CSC Memorandum Circular No. 41, s. 1998.
2. Guidelines on Application for Leave:
 - a. Application for vacation/sick leave for one or more days shall be made on CSC Form 6 and to be accomplished at least **in duplicate**.
 - b. Application for vacation leave shall be *filed in advance* or whenever possible **five (5) days before** going such leave.
 - c. Application for sick leave filed in advance or exceeding five (5) days shall be accomplished accompanied by *Medical Certificate*, in case Medical Certificate is not availed, an *affidavit of absence* shall be executed. If an emergency case, application of leave shall be filed when the personnel returns to station or by a family member, relative, co-employee or friend.
 - d. Only **approved Form 6/Leave Form** will be accepted as attachment to the DTR for Form 7 submission.
3. For strict compliance.
4. Process Flow: *(next pages)*

4. Process Flow:

| | Less than 5 Days | 5 Days or More |
|----------------------------------|---|---|
| School Heads | <ol style="list-style-type: none"> 1. Submit Form 6 to Receiving Unit 2. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 3. HR Personnel will forward document to Division Chiefs for recommending approval <ul style="list-style-type: none"> • North Districts – CID Chief • East Districts – CID Chief • West Districts – SGOD Chief • South Districts – SGOD Chief 4. Division Chiefs will forward document to the SDS for approval 5. SDS will forward document to the Releasing Unit for release back to the School Head/Field Ad. As. | <ol style="list-style-type: none"> 1. Submit Form 6 to Receiving Unit (with District Clearance) 2. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 3. HR Personnel will forward document to the AO V for recommending approval 4. AO V will forward document to the SDS for approval 5. SDS will forward document to the Releasing Unit for release back to the School Head/Field Ad. As. |
| Teachers | <ol style="list-style-type: none"> 1. Submit Form 6 to School Head/PSDS for recommending approval 2. Submit to Receiving Unit 3. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 4. HR Personnel will forward document to the ASDS for approval 5. ASDS will forward document to the Releasing Unit for release back to the School Head/Teacher/Field Ad. As. | <ol style="list-style-type: none"> 1. Submit Form 6 to School Head/PSDS for recommending approval 2. Submit to Receiving Unit (with School Clearance) 3. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 4. HR Personnel will forward document to the AO V for recommending approval 5. AO V will forward document to the SDS for approval 6. SDS will forward document to the Releasing Unit for release back to the School Head/Teacher/Field Ad. As. |
| Teaching Related -Chiefs | <ol style="list-style-type: none"> 1. Submit Form 6 to Receiving Unit 2. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 3. HR Personnel will forward document to the ASDS for recommending approval 4. ASDS will forward document to SDS for approval 5. SDS will forward document to the Releasing Unit for release back to the School Head/Teacher/Field Ad. As. | <ol style="list-style-type: none"> 1. Submit Form 6 to Receiving Unit (with Division Clearance) 2. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 3. HR Personnel will forward document to the AO V for recommending approval 4. AO V will forward document to the SDS for approval 5. SDS will forward document to the Releasing Unit for release back to the School Head/Teacher/Field Ad. As. |
| Teaching Related – EPS II | <ol style="list-style-type: none"> 1. Submit Form 6 to Receiving Unit 2. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 3. HR Personnel will forward document to the Chief for recommending approval 4. ASDS will forward document to SDS for approval 5. SDS will forward document to the Releasing Unit for release back to the School Head/Teacher/Field Ad. As. | <ol style="list-style-type: none"> 1. Submit Form 6 to Receiving Unit (with Division Clearance) 2. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 3. HR Personnel will forward document to the AO V for recommending approval 4. AO V will forward document to the SDS for approval 5. SDS will forward document to the Releasing Unit for release back to the School Head/Teacher/Field Ad. As. |

| | | |
|--|--|---|
| <p>Non-Teaching SG 18 and Above</p> | <ol style="list-style-type: none"> 1. Submit Form 6 to Receiving Unit 2. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 3. HR Personnel will forward document to the ASDS for recommending approval 4. ASDS will forward document to the SDS for approval 5. SDS will forward document to the Releasing Unit for release back to the non-teaching personnel | <ol style="list-style-type: none"> 1. Submit Form 6 to Receiving Unit (with School/District/Division Clearance) 2. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 3. HR Personnel will forward document to the AO V for recommending approval 4. AO V will forward document to the SDS for approval 5. SDS will forward document to the Releasing Unit for release back to the non-teaching personnel |
| <p>Non-Teaching SG 17 and Below</p> | <ol style="list-style-type: none"> 1. Submit Form 6 to Receiving Unit 2. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 3. HR Personnel will forward document to the Section Heads/Division Chiefs for recommending approval 4. Section Heads/Division Chiefs will forward document to the AO V for approval 5. AO V will forward document to the Releasing Unit for release back to the non-teaching personnel | <ol style="list-style-type: none"> 1. Submit Form 6 to Receiving Unit (with Clearance) 2. Receiving Personnel will forward document to HR/Personnel Office for assessment and computation 3. HR Personnel will forward document to the AO V for recommending approval 4. AO V will forward document to the SDS for approval 5. SDS will forward document to the Releasing Unit for release back to the non-teaching personnel |

DepEd Division of Cingog City
APPLICATION FOR LEAVE

| | |
|--------------------------|------------------------------|
| 1. Office/Agency/School: | 2. Name: (Last) (First) (MI) |
| 3. Date of Filing: | 4. Position |
| 5. Salary (monthly) | |

DETAILS FOR APPLICATION

| | |
|---|---|
| <p>6. a) Type of Leave:</p> <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (Specify) _____ | <p>6. b) Where Leave will be spent:</p> <p>(1) In case of Vacation Leave</p> <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____ <p>(2) In case of Sick Leave</p> <input type="checkbox"/> In Hospital (specify) _____ <input type="checkbox"/> Out-Patient (specify) _____ |
| <p>6. c) Number of working days applied for:</p> <p>_____</p> <p>Inclusive Dates:</p> <p>_____</p> | <p>6. d) Commutation:</p> <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested |
| <p>_____ <i>Signature of Applicant</i></p> | |

DETAILS OF ACTION OF APPLICATION

| <p>7. a) Certificate of Leave Credits:</p> <p>as of _____</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Vacation</th> <th>Sick</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>days</td> <td>days</td> <td>days</td> </tr> </tbody> </table> <p align="center">JASPER C. BUNGALON <i>JOC/Personnel Officer</i></p> | Vacation | Sick | Total | | | | days | days | days | <p>7. b) Recommendation:</p> <input type="checkbox"/> Disapproved due to: _____ |
|--|----------|-------|-------|--|--|--|------|------|------|---|
| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| days | days | days | | | | | | | | |
| <p>GEMRO G. ROSIOLADO <i>Administrative Officer V</i></p> | | | | | | | | | | |

| | |
|--|---|
| <p>7. c) Approved for:</p> <p>_____ days with pay _____ days without pay others (specify) _____</p> <p>Date: _____</p> | <p>7. d) Recommendation:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ |
| <p>OLGA C. ALONSABE, Ph. D. <i>OIC-Schools Division Superintendent</i></p> | |

- Application for vacation/sick leave for one or more shall be made on this form and to be accomplished at least in duplicate.
- Application for vacation leave shall be filed in advance or whenever possible five (5) days before going such leave.
- Application for sick leave filed in advance or exceeding five (5) days shall be accomplished accompanied by Medical Certificate, in case Medical Certificate is not availed, an affidavit of absence shall be executed.

DepEd Division of Cingog City
APPLICATION FOR LEAVE

| | | |
|--------------------------|------------------------------|---------------------|
| 1. Office/Agency/School: | 2. Name: (Last) (First) (MI) | |
| 3. Date of Filing: | 4. Position | 5. Salary (monthly) |

DETAILS FOR APPLICATION

| | |
|---|---|
| <p>6. a) Type of Leave:</p> <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (Specify) _____ | <p>6. b) Where Leave will be spent:</p> <p>(1) In case of Vacation Leave</p> <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____ <p>(2) In case of Sick Leave</p> <input type="checkbox"/> In Hospital (specify) _____ <input type="checkbox"/> Out-Patient (specify) _____ |
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Signature of Applicant

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|---|----------|-------|-------|-------|-------|-------|------|------|------|--|
| Vacation | Sick | Total | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | |
| days | days | days | | | | | | | | |

| | |
|--|---|
| <p>7. c) Approved for:</p> <p>_____ days with pay _____ days without pay others (specify) _____</p> <p>Date: _____</p> <p align="center">GEMRO G. ROSIOLADO <i>Administrative Officer V</i></p> | <p>7. d) Recommendation:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ <p>_____</p> |
|--|---|

- Application for vacation/sick leave for one or more shall be made on this form and to be accomplished at least in duplicate.
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DepEd Division of Cingog City
APPLICATION FOR LEAVE

| | |
|--------------------------|------------------------------|
| 1. Office/Agency/School: | 2. Name: (Last) (First) (MI) |
| 3. Date of Filing: | 4. Position |
| 5. Salary (monthly) | |

DETAILS FOR APPLICATION

| | |
|---|---|
| <p>6. a) Type of Leave:</p> <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (Specify) _____ | <p>6. b) Where Leave will be spent:</p> <p>(1) In case of Vacation Leave</p> <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____ <p>(2) In case of Sick Leave</p> <input type="checkbox"/> In Hospital (specify) _____ <input type="checkbox"/> Out-Patient (specify) _____ |
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|---|----------|-------|-------|--|--|--|------|------|------|--|
| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| days | days | days | | | | | | | | |

| | |
|---|---|
| <p>7. c) Approved for:</p> <p>_____ days with pay _____ days without pay others (specify) _____</p> <p>Date: _____</p> <p align="center">OLGA C. ALONSABE, Ph. D. <i>OIC-Schools Division Superintendent</i></p> | <p>7. d) Recommendation:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ |
|---|---|

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DepEd Division of Cingog City
APPLICATION FOR LEAVE

| | | |
|--------------------------|------------------------------|---------------------|
| 1. Office/Agency/School: | 2. Name: (Last) (First) (MI) | |
| 3. Date of Filing: | 4. Position | 5. Salary (monthly) |

DETAILS FOR APPLICATION

| | |
|---|---|
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Signature of Applicant

DETAILS OF ACTION OF APPLICATION

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|---|----------|-------|-------|--|--|--|------|------|------|---|
| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| days | days | days | | | | | | | | |

CONNIEBEL C. NISTAL, Ph. D.
OIC-Assistant Schools Division Superintendent

| | |
|--|---|
| <p>7. c) Approved for:</p> <p>_____ days with pay _____ days without pay others (specify) _____</p> <p>Date: _____</p> | <p>7. d) Recommendation:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ |
|--|---|

OLGA C. ALONSABE, Ph. D.
OIC-Schools Division Superintendent

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**DepEd Division of Cingog City
APPLICATION FOR LEAVE**

| 1. Office/Agency/School: | | 2. Name: (Last) (First) (MI) | | | | | | | | | | |
|--|-------------|--|---------------------|-------|--|--|--|------|------|------|---|--|
| 3. Date of Filing: | 4. Position | | 5. Salary (monthly) | | | | | | | | | |
| DETAILS FOR APPLICATION | | | | | | | | | | | | |
| 6. a) Type of Leave: <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (Specify) _____ | | 6. b) Where Leave will be spent: (1) In case of Vacation Leave <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____ (2) In case of Sick Leave <input type="checkbox"/> In Hospital (specify) _____ <input type="checkbox"/> Out-Patient (specify) _____ | | | | | | | | | | |
| 6. c) Number of working days applied for: _____ Inclusive Dates: _____ | | 6. d) Commutation: <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested _____ <i>Signature of Applicant</i> | | | | | | | | | | |
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| Vacation | Sick | Total | | | | | | | | | | |
| | | | | | | | | | | | | |
| days | days | days | | | | | | | | | | |
| 7. c) Approved for: _____ days with pay _____ days without pay others (specify) _____ Date: _____ | | 7. d) Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ _____ | | | | | | | | | | |
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**DepEd Division of Cingog City
APPLICATION FOR LEAVE**

| | | |
|--------------------------|------------------------------|---------------------|
| 1. Office/Agency/School: | 2. Name: (Last) (First) (MI) | |
| 3. Date of Filing: | 4. Position | 5. Salary (monthly) |

DETAILS FOR APPLICATION

| | |
|---|---|
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Signature of Applicant

DETAILS OF ACTION OF APPLICATION

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|--|----------|-------|-------|--|--|--|------|------|------|---|
| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| days | days | days | | | | | | | | |

CID / SGOD Chief

| | |
|--|---|
| <p>7. c) Approved for:</p> <p>_____ days with pay _____ days without pay others (specify) _____</p> <p>Date: _____</p> | <p>7. d) Recommendation:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ |
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OLGA C. ALONSABE, Ph. D.
OIC-Schools Division Superintendent

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**DepEd Division of Cingog City
APPLICATION FOR LEAVE**

| | | |
|--------------------------|------------------------------|---------------------|
| 1. Office/Agency/School: | 2. Name: (Last) (First) (MI) | |
| 3. Date of Filing: | 4. Position | 5. Salary (monthly) |

DETAILS FOR APPLICATION

| | |
|---|--|
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|--|----------|-------|-------|--|--|--|------|------|------|---|
| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| days | days | days | | | | | | | | |

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**DepEd Division of Cingog City
APPLICATION FOR LEAVE**

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| 1. Office/Agency/School: | 2. Name: (Last) (First) (MI) | |
| 3. Date of Filing: | 4. Position | 5. Salary (monthly) |

DETAILS FOR APPLICATION

| | |
|---|--|
| 6. a) Type of Leave: <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (Specify) _____ <input type="checkbox"/> Sick <input type="checkbox"/> Maternity <input type="checkbox"/> Others (Specify) _____ | 6. b) Where Leave will be spent: (1) In case of Vacation Leave <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____ (2) In case of Sick Leave <input type="checkbox"/> In Hospital (specify) _____ <input type="checkbox"/> Out-Patient (specify) _____ |
| 6. c) Number of working days applied for: _____ Inclusive Dates: _____ | 6. d) Commutation: <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested _____ <i>Signature of Applicant</i> |

DETAILS OF ACTION OF APPLICATION

| 7. a) Certificate of Leave Credits: as of _____ <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Vacation</th> <th>Sick</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>days</td> <td>days</td> <td>days</td> </tr> </tbody> </table> <p align="center">JASPER C. BUNGALON JDC/Personnel Officer</p> | Vacation | Sick | Total | | | | days | days | days | 7. b) Recommendation: <input type="checkbox"/> Disapproved due to: _____ _____ <input type="checkbox"/> _____ _____ <i>School Head/Public Schools District Supervisor</i> |
|---|----------|-------|-------|--|--|--|------|------|------|--|
| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| days | days | days | | | | | | | | |

| | |
|---|--|
| 7. c) Approved for: _____ days with pay _____ days without pay others (specify) _____ Date: _____ | 7. d) Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ _____ |
| <p>CONNIEBEL C. NISTAL, Ph. D. OIC-Assistant Schools Division Superintendent</p> | |

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DepEd Division of Cingog City
APPLICATION FOR LEAVE

| | | |
|--------------------------|------------------------------|---------------------|
| 1. Office/Agency/School: | 2. Name: (Last) (First) (MI) | |
| 3. Date of Filing: | 4. Position | 5. Salary (monthly) |

DETAILS FOR APPLICATION

| | |
|---|---|
| <p>6. a) Type of Leave:</p> <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (Specify) _____ | <p>6. b) Where Leave will be spent:</p> <p>(1) In case of Vacation Leave</p> <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____ <p>(2) In case of Sick Leave</p> <input type="checkbox"/> In Hospital (specify) _____ <input type="checkbox"/> Out-Patient (specify) _____ |
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Signature of Applicant

DETAILS OF ACTION OF APPLICATION

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|---|----------|-------|-------|--|--|--|------|------|------|---|
| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| days | days | days | | | | | | | | |

GEMRO G. ROSIOLADO
Administrative Officer V

| | |
|---|---|
| <p>7. c) Approved for:</p> <p>_____ days with pay _____ days without pay others (specify) _____</p> <p>Date: _____</p> <p align="center">OLGA C. ALONSABE, Ph. D. <i>OIC-Schools Division Superintendent</i></p> | <p>7. d) Recommendation:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved due to _____ |
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DepEd Division of Cingog City
APPLICATION FOR LEAVE

| | | |
|--------------------------|------------------------------|---------------------|
| 1. Office/Agency/School: | 2. Name: (Last) (First) (MI) | |
| 3. Date of Filing: | 4. Position | 5. Salary (monthly) |

DETAILS FOR APPLICATION

| | |
|--|--|
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|---|----------|-------|-------|--|--|--|------|------|------|---|
| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| days | days | days | | | | | | | | |

| | |
|---|---|
| <p>7. c) Approved for:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>others (specify) _____</p> <p>Date: _____</p> <p align="center">OLGA C. ALONSABE, Ph. D. <i>OIC-Schools Division Superintendent</i></p> | <p>7. d) Recommendation:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Disapproved due to _____</p> <p>_____</p> |
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DepEd Division of Cingog City
APPLICATION FOR LEAVE

| | |
|--------------------------|------------------------------|
| 1. Office/Agency/School: | 2. Name: (Last) (First) (MI) |
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| 5. Salary (monthly) | |

DETAILS FOR APPLICATION

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| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| days | days | days | | | | | | | | |
| <p>GEMRO G. ROSIOLADO <i>Administrative Officer V</i></p> | | | | | | | | | | |

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DepEd Division of Cingog City
APPLICATION FOR LEAVE

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| Vacation | Sick | Total | | | | | | | | |
| | | | | | | | | | | |
| days | days | days | | | | | | | | |
| <p>JOY C. MANGUBAT, Ph. D. <i>SICD Chief</i></p> | | | | | | | | | | |

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