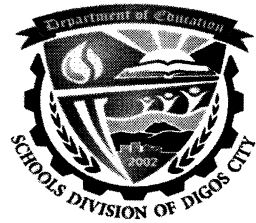


Republic of the Philippines
Department of Education
Region XI
SCHOOLS DIVISION OF DIGOS CITY
Digos City



Office of the City Schools Division Superintendent


Telefax No.: 0825538396; 0825538376
Email: www.sdsdigos@yahoo.com

MEMORANDUM

No. 530, s. 2017

TO : **FRANCIS JUDE D. ALCOMENDRAS, LLB**
Administrative Officer V

ALELI M. CHIONG, RN. MBA
Administrative Officer IV (HRMO)

FROM : 
WINNIE E. BATOON, Ed. D.
Officer-In-Charge
Office of the Schools Division Superintendent

SUBJECT : ***SIGNATORIES OF THE CSC FORM 6***

DATE : August 10, 2017

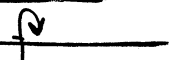
The Human Resources Management Officer is hereby directed, in addition to your present functions, to sign the certification on the leave credit/s and balance/s of personnel who are applying for leave.

Likewise, the Administrative Officer V is authorized to approve leave applications of teachers. However, applications for leave to travel abroad; and, six month to one year leave shall only be approved by the Administrative Officer V after the Office of the Schools Division Superintendent approves the letter request of the teacher indicating the reason/s of the said leave application.

This necessitates that application for leave of School Heads, District Supervisors and Division Personnel shall only be approved by the Office of the Schools Division Superintendent.

For immediate dissemination and compliance.

JepEd Schools Division Office

RELEASED
7952
Date: 15 AUG 2017 Time: 3:25 PM
By: 

CSC Form No. 6 (revised 1998)	APPLICATION FOR LEAVE				
<p>Signature _____</p> <p>Name _____</p> <p>Position _____</p> <p>Monthly Salary _____</p> <p>Office/Division _____</p> <p>Date of Filing _____</p> <p>No. of Working days applied _____</p> <p>Inclusive Date _____</p> <p>COMMUTATION</p> <p><input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p>	<p style="text-align: center;">TYPE OF LEAVE</p> <p>_____ VACATION _____ Within the Philippines</p> <p>_____ SICK _____ Abroad (Specify)</p> <p>_____ MATERNITY _____ Out Patient (Specify)</p> <p>_____ _____ In Hospital (Specify)</p> <p>_____ OTHERS (Specify)</p> <p style="text-align: center;">ACTION ON APPLICATION</p> <p>Recommending</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">School Head</p> <p><input type="checkbox"/> Approved for <input type="checkbox"/> Disapproved due to</p> <p>_____ Days w/ Pay</p> <p>_____ Days w/o Pay</p>				
FOR PERSONNEL USE ONLY:					
Leave Credits as of	VL	SL	TOTAL		
less: THIS LEAVE					
Leave Balance					
Certified by:				Approved by:	
ALELI M. CHIONG, RN, MBA				FRANCIS JUDE D. ALCOMENDRAS, LLB	
Administrative Officer IV (HRMO)				Administrative Officer V	

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FOR PERSONNEL USE ONLY:					
Leave Credits as of	VL	SL	TOTAL		
less: THIS LEAVE					
Leave Balance					
Certified by:				Approved by:	
ALELI M. CHIONG, RN, MBA				FRANCIS JUDE D. ALCOMENDRAS, LLB	
Administrative Officer IV (HRMO)				Administrative Officer V	