



Republic of the Philippines
Department of Education
Region I

SCHOOLS DIVISION OFFICE OF ALAMINOS CITY

Division Memorandum No. 210
Series 2021

To : Assistant Schools Division Superintendent
Chief, Curriculum Implementation Division (CID)
Chief, School Governance and Operation Division (SGOD)
Education Program Supervisors, SEPS, Division Personnel
Public School Heads/Principals/OIC's
All Others Concerned

Subject: CSC REVISED NEW APPLICATION FOR LEAVE FORMS
(Sick, Vacation, Expanded Maternity, Paternity, Adoption, Rehabilitation, VAWC,
Solo Parents, SPL, SLBW, Calamity, etc.)

From : The Schools Division Superintendent

Date : July 13, 2021

1. Pursuant to Civil Service Commission (CSC) Resolution Number 2100020 dated January 7, 2021 and Memorandum Circular No. 5 s. 2021 dated April 28, 2021, on the Amendment to Omnibus Rules on Leave (CSC MC No. 41, s. 1998, as amended), the Schools Division of the City of Alaminos hereby enforce the use of the Revised Application for Leave (CSC Form No. 6, Revised 2020) and the Notice of Allocation of Maternity Leave (CSC Form No. 6a, s. 2020) effective immediately.
2. The CSC reminds government workers to observe the rules and procedures for the availment of leave privileges. The amended leave rules prescribe the use of the revised [Application for Leave Form \(Civil Service Form No. 6, s. 2020\)](#) and discontinues the use of CS Form No. 41 (Philippine Civil Service Medical Certificate) for leave application. A medical certificate issued by a government or non-government physician may be submitted in support of the application for leave, if necessary.
3. The [Notice of Allocation of Maternity Leave \(CS Form No. 6a, s. 2020\)](#) shall be used to facilitate the allocation of maternity leave benefits to the child's father or to an alternate caregiver employed in the government service or the private sector.
4. The School Heads, Teaching and Non-Teaching personnel are reminded of the following provisions in the said Circular:
 - A. Grant of Maternity Leave**
 - A.1. Every female employee in the government service, regardless of his/her civil status, employment status, length of service and legitimacy of the child, in addition to her vacation and sick leave credits earned, shall be granted one hundred five (105) days maternity leave with full pay for live childbirth regardless of the mode of delivery, whether normal or caesarian.**
 - A.2. For cases of miscarriage or emergency termination of pregnancy, maternity leave of sixty (60) days with full pay shall be granted.**
 - A.3. The female employee shall give prior notice to the authorized officer of her agency of her pregnancy and her availment of maternity leave at least thirty (30) days in advance, whenever possible, specifying the effectivity of the leave. Civil Service (CS) Form No. 6, Revised 2020, shall be used in filing maternity leave application with medical certificate.
 - A.4. In case the female employee qualifies as a solo parent under R.A. No. 8972 or the "Solo Parents' Welfare Act of 2000", she shall be granted and additional maternity leave of fifteen (15) days with full pay.**
 - A.5. Female teachers may also avail of the maternity leave benefits even during long, i.e., summer and Christmas vacations, in which case, both the maternity leave benefits and the proportional vacation pay (PVP) shall be granted.

A.6. Maternity leave shall be non-cumulative and non-commutative (non-convertible to cash). The enjoyment of maternity leave cannot be deferred but part of it may be availed of on or before the actual date of delivery in a continuous and uninterrupted manner.

B. Extended Maternity Leave

B.1. In case of live childbirth, the female worker has the option to extend her maternity leave for an additional thirty (30) days without pay, or use her earned sick leave credits for extended leave with pay. In case the sick leave credits are exhausted, the vacation leave credits may be used.

B.2. Due notice must be in writing and must be submitted to the authorized officer of her agency or the authorized official at least forty-five (45) days before the end of the female worker's maternity leave. However, no prior notice shall be necessary in the event of a medical emergency but subsequent notice shall be given to the authorized official.

C. Allocation of Maternity Leave Credits

C.1. A female employee may avail of the option to allocate up to seven (7) days of her maternity leave to the child's father, whether or not she is married to him. The allocated leave is over and above the seven (7)-day paternity leave benefit under R.A. No. 8187 or the "Paternity Leave Act of 1996.

C.2. In case of death, absence or incapacity of the child's father, the female employee **may allocate to an alternate caregiver who may be a relative within the fourth degree of consanguinity or current partner sharing the same household**, taking into account the best interest of the child.

C.3. The allocated leave may be enjoyed by the child's father or the alternate caregiver either in a continuous or in an intermittent manner not later than the period of the maternity leave availed of.

C.4. The allocation of maternity leave shall only be available to the child's father or alternate caregiver who are employed either in the public or private sector.

C.5. The option to allocate is not applicable to maternity leave in cases of miscarriage and emergency termination of pregnancy.

C.6. Civil Service (CS) Form No. 6a, s. 2020 shall be used as notice of allocation of maternity leave and shall be submitted to the authorized officer of the agency with the filled out Application for Leave form (CS Form No. 6, Revised 2020) and proof of relationship.

D. Grant of Paternity Leave

D.1. Every married male employee in the government service shall be entitled to paternity leave of seven (7) working days with full pay for the first four (4) deliveries, whether childbirth or miscarriage, of his legitimate spouse with whom he is cohabiting.

D.2. A male employee with more than one (1) legal spouse shall be entitled to avail of paternity leave for an absolute maximum of four (4) deliveries regardless of whoever among his spouses deliver.

D.3. Paternity leave of seven (7) days shall be non-cumulative and strictly non-convertible to cash. The same may be enjoyed either in a continuous or in an intermittent manner by the employee on the days immediately before, during and after the delivery of his legitimate spouse, but not later than the period of the maternity leave availed of by the spouse.

D.4. A married male employee shall be entitled to paternity leave by accomplishing and filing the Application for Leave form (CS Form No. 6, Revised 2020) within reasonable period, e.g., one (1) week, prior to the expected delivery except in cases of miscarriage and abnormal deliveries. Approval of the leave application shall be mandatory on the part of the approving authority unless the services of the male employee are urgently needed to preserve life and property.

D.5. Any employee who has availed of the paternity leave may be required to furnish this office a certified true copy of his marriage contract, birth certificate of the newborn child, medical certificate with pathology report in case of miscarriage duly signed by the attending physician or midwife showing the actual date of delivery.

E. Grant of Adoption Leave

E.1. A female government employee, regardless of her civil status and employment status, and length of service who qualifies as an adoptive parent under R.A. No. 8552 or the "Domestic Adoption Act of 1998" and whose prospective adoptee is below seven (7) years of age as of placement, shall be qualified to avail adoption leave of sixty (60) days with full pay, which leave shall be enjoyed in a continuous and uninterrupted manner. If she is married, her legitimate spouse (government employee) can avail of adoption leave of seven (7) days with full pay which shall be enjoyed in a continuous or in an intermittent manner.

E.2. Adoption leave shall provide an opportunity for the prospective adoptee and the adoptive parent/s to develop bonding similar to that between a child and his/her biological parents.

E.3. Application for adoption leave shall be filed using Civil Service (CS) Form No. 6, Revised 2020, and accompanied by an authenticated copy of the Pre-Adoptive Placement Authority issued by the Department of Social Welfare and Development (DSWD), if the leave will be availed of before the grant of petition for adoption.

E.4. All employees shall use the prescribed revised Application for Leave Form (Civil Service Form No. 6, Revised 2020) with the Instructions and Requirements found in Annex A and the Notice of Allocation of Maternity Leave (CS Form No. 6a, s. 2020) found in Annex B as applicable.

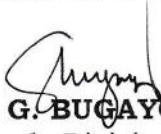
E.5. The use of CS Form No. 41 for leave application shall be discontinued. Consequently, employees may secure a medical certificate issued by a government or non-government physician in whatever form in support of their application for leave, provided that the medical certificate bears complete details of the physician (e.g. name and PRC/License, PTR and S2 numbers), the employee, and the employee's condition/state of health.

E.6. Attached are Enclosures No. 1 and No. 2 are the CSC Form No. 6, Revised 2020 and CSC Form 6a, s. 2020, respectively. Per EEOP provision of this Office, there shall be no discrimination in the availment of benefits and incentives of employees on account of age, sex, sexual orientation and gender identity, civil status, disability, religion, ethnicity, or political affiliation as stated in the 2017 ORA-OHRA Rule IX Sec. 83).

E.7. CSC Form 6 and 6a must conform with the signing authorities indicated in DepEd Order No. 008 s. 2021, Revised Signing Authorities for Administrative and Financial Matters in the Department of Education, Enumeration E, Application for Sick Leave/Vacation/Study/Maternity/Paternity Leave and Grant of Service Credits for Teachers. Below are the authorized signing DepEd Officials:

Office/Positions	Up to 60 Calendar Days		More than 60 Calendar Days	
DIVISION OFFICE				
Division Chief	ASDS	SDS	SDS	SDS
Below Division Chief	Division Chief	ASDS	Division Chief and ASDS	SDS
SCHOOL				
Principal/Head Teacher/TIC	ASDS	SDS	ASDS	SDS
Teachers and Non-Teaching Personnel	School Head	ASDS	School Head and ASDS	SDS

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


LORNA G. BUGAYONG PhD, CESO V
Schools Division Superintendent



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SCHOOLS DIVISION OFFICE OF ALAMINOS CITY

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

Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)

Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)

Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)

Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)

Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)

Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)

Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)

Adoption Leave (R.A. No. 8552)

Others: _____

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

Within the Philippines _____

Abroad (Specify) _____

In case of Sick Leave:

In Hospital (Specify Illness) _____

Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

In case of Study Leave:

Completion of Master's Degree

BAR/Board Examination Review

Other purpose:

Monetization of Leave Credits

Terminal Leave

6.C NUMBER OF WORKING DAYS APPLIED FOR

INCLUSIVE DATES

6.D COMMUTATION

Not Requested

Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

FREDDIE B. PERALTA
Administrative Officer IV

7.B RECOMMENDATION

For approval

For disapproval due to _____

(Authorized Officer)

7.C APPROVED FOR:

_____ days with pay

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

(Authorized Official)

NOTICE OF ALLOCATION OF MATERNITY LEAVE

I. FOR FEMALE EMPLOYEE

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
HOME ADDRESS	AGENCY and ADDRESS
CONTACT DETAILS (Phone number and e-mail address)	
<p>I am allocating ____ days (7 days max.) of my 105-day maternity leave to Mr./Ms. _____, which benefit is granted under Republic Act No. 11210 or the 105-Day Expanded Maternity Law. Attached is the proof of our relationship.</p>	
_____ SIGNATURE OVER PRINTED NAME	_____ DATE

II. FOR CHILD'S FATHER/ALTERNATE CAREGIVER

NAME (Last Name, First Name, Name Extension, if any, and Middle Name)	POSITION
HOME ADDRESS	AGENCY / EMPLOYER and ADDRESS
CONTACT DETAILS (Phone number and e-mail address)	
<p>RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x")</p> <p><input type="checkbox"/> Child's father <input type="checkbox"/> Alternate caregiver <input type="checkbox"/> Relative within fourth degree of consanguinity (Specify: _____) <input type="checkbox"/> Current partner sharing the same household</p>	<p>I accept the allocated ____ days of the 105-day maternity leave from the abovementioned female employee and I/we submit the attached proof of our relationship. It is understood that the allocated maternity leave is for the care of our/her newborn child.</p> <p>_____ SIGNATURE OVER PRINTED NAME</p> <p>_____ DATE</p>

PROOF OF RELATIONSHIP (Please mark the box with "x" and attach a photocopy of the document)			
<input type="checkbox"/> Child's Birth Certificate	<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Barangay Certificate	<input type="checkbox"/> Other bona fide document/s that can prove filial relationship

III. FOR THE HRMO AND THE HEAD OF OFFICE/AUTHORIZED OFFICIAL

<p>I certify that Ms. _____ has a maternity leave balance of ____ days. Furthermore, I have reviewed and evaluated the attached supporting document/s and find the herein allocation of maternity leave in order.</p> <p>_____ SIGNATURE OVER PRINTED NAME HRMO</p> <p>_____ DATE</p>	<p>APPROVED:</p> <p>_____ SIGNATURE OVER PRINTED NAME Head of Office/Authorized Official</p> <p>_____ DATE</p>
AGENCY, ADDRESS and CONTACT DETAILS	

Instructions

1. The form shall be used as written notice of the female employee to her agency regarding her allocation of a maximum of seven (7) days from the 105-day expanded maternity leave.
2. The form shall be accomplished in three (3) copies: copy for the female employee; copy for the agency; and copy for the agency/employer of the child's father/alternate caregiver.
3. The form with proof of relationship shall be attached to the Application for Leave (CS Form No. 6) of the female employee.
4. The authorized official shall forward the copy for the agency/employer of the child's father/alternate caregiver.
5. Item I of the form shall be accomplished by the female employee. She shall provide the required personal and agency information, the number of maternity leave days sought to be allocated and the name of the recipient of the allocated leave. She shall affix her signature over printed name with date of signing.
6. Item II of the form shall be accomplished by the child's father/alternate caregiver. He/she shall provide the required personal and agency/employer information and he/she shall affix his/her signature over printed name with date of signing.
7. Item III of the form shall reflect the name of the female employee and her maternity leave balance. This part shall be accomplished and signed by the Human Resource Management Officer (HRMO) in the agency. It is a ministerial duty of the head of office or his/her authorized official to approve said allocation and indicate the date of signing. The agency, thru the HRMO, is responsible to forward a copy of the accomplished form to the agency/employer of the child's father/alternate caregiver.