



Republic of the Philippines
Department of Education
REGION VI – WESTERN VISAYAS
SCHOOLS DIVISION OF CAPIZ

September 26, 2024

DIVISION MEMORANDUM
No. 581 s. 2024

PROCESSING OF MONETIZATION REQUESTS FOR CY 2024

TO : OIC, Office of the Assistant Schools Division Superintendent
Chief Education Program Supervisors, SGOD & CID
Public Schools District Supervisors
Heads of Public Elementary, Secondary and Integrated Schools
All Others Concerned

1. This is to announce to the field that requests for Monetization of Leave Credits (MLC) for CY 2024 are now accepted in the Division Office.
2. Personnel entitled to avail of monetization are as follows:
 - a. Division Office personnel
 - b. SHS Assistant Principals and non-teaching personnel
 - c. Secondary non-implementing unit School Heads and non-teaching personnel
 - d. Elementary School Heads and non-teaching personnel
 - e. Property Custodians and ALS implementers
3. In view of the above, those who would like to request for MLC should submit the following documentary requirements to their respective Administrative Officer II (AO II)/ Administrative Assistant II (ADAS II):
 - a. Three (3) copies of CSC Form 6 (Annex A)
 - b. Photocopy of Designation signed by SDS (for Property Custodians and ALS)
4. Central school AO II shall be in-charge of consolidation of the necessary attachments including preparation of transmittal letter and submission to the Division Office on or before **October 11, 2024, c/o Ms. Dona Parales for elementary** while secondary personnel are requested to directly submit to **Ms. Charito Atienza**.
5. Immediate dissemination of and compliance with this Memorandum are desired.


MIGUEL MAC D. APOSIN EdD, CESO V
Schools Division Superintendent

Encl: None
Reference: As stated
To be indicated in the Perpetual Index
under the following subjects:

EMPLOYEE

BENEFITS

DDB/ DM_Monetization2024



Address: Banica, Roxas City
Contact Number: (036) 620 2371
Email Address: capiz@deped.gov.ph
Website: <http://depedcapiz.ph>



Republic of the Philippines
Department of Education
Region VI – Western Visayas
SCHOOLS DIVISION OF CAPIZ
Banica, Roxas 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

<p>6.A TYPE OF LEAVE TO BE AVAILED OF</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/ CSCMC 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/ CSCMC 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/ CSCMC 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/ CSCMC No. 25, s. 2010)</p> <p><input type="checkbox"/> Special Emergency (Calamity) Leave (CSCMC No. 2, s. 2012, as amended)</p> <p><input type="checkbox"/> Adoption Leave (R.A. No. 8552)</p> <p><input checked="" type="checkbox"/> Others: <u>MONETIZATION OF LEAVE CREDITS</u></p>	<p>6.B DETAILS OF LEAVE</p> <p><i>In case of Vacation/Special Privilege Leave:</i></p> <p><input 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><i>In case of Special Leave Benefits for Women:</i></p> <p>(Specify illness) _____</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 <i>Other</i></p> <p><i>purpose:</i> _____</p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>
<p>6.C NUMBER OF WORKING DAYS APPLIED FOR</p> <p>_____</p> <p>INCLUSIVE DATES</p> <p>_____</p>	<p>6.D COMMUTATION</p> <p><input type="checkbox"/> Not Requested</p> <p><input type="checkbox"/> Requested</p> <p style="text-align: right;">(Signature of Applicant)</p>

7. DETAILS OF ACTION ON APPLICATION

<p>7.A CERTIFICATION OF LEAVE CREDITS</p> <p>As of _____</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:30%;"></td> <td style="width:35%;">Vacation Leave</td> <td style="width:35%;">Sick Leave</td> </tr> <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> </table> <p style="text-align: center;">DARWIN D. BRILLO AO II/ OIC - AO N/HRMO II</p>		Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>	-	-	<p>7.B RECOMMENDATION</p> <p><input type="checkbox"/> For approval</p> <p><input type="checkbox"/> For disapproval due to _____</p> <p style="text-align: center;">MA. SHARON S. BARRIENTOS Administrative Officer V</p>
	Vacation Leave	Sick Leave											
<i>Total Earned</i>													
<i>Less this application</i>													
<i>Balance</i>	-	-											

<p>7.C APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ others (Specify)</p>	<p>7.D DISAPPROVED DUE TO: _____</p> <p>_____</p> <p>_____</p>
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MIGUEL MAC D. APOSIN EdD, CESO V
Schools Division Superintendent