



Republic of the Philippines  
**Department of Education**  
REGION X – NORTHERN MINDANAO  
**SCHOOLS DIVISION OF OZAMIZ CITY**

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Divisional Advisory No. 046 s. 2023

April 24, 2023

Complying with DepEd Order No. 8, s. 2013  
this Office issues this Advisory not for endorsement per DO 28, s. 2001,  
but for the information of DepEd officials,  
personnel/staff, and the concerned public.  
(Visit [ozamiz.depedozamiz.gov.ph](http://ozamiz.depedozamiz.gov.ph))

REITERATION OF DIVISION MEMORANDUM No. 052, s.2023  
DISSEMINATION OF DEPED ORDER NO. 001, S.2023 (REVISED  
DESIGNATION OF UNDERSECRETARIES AND ASSISTANT SECRETARIES  
TO THEIR STRANDS AND FUNCTIONAL AREAS OF RESPONSIBILITIES AND  
REVISED SIGNING AUTHORITIES) WITH EMPHASIS ON SIGNATORIES FOR  
LEAVE OF ABSENCE **AND**  
**STRICT COMPLIANCE ON THE USE OF CIVIL SERVICE FORM NO. 6 -**  
**APPLICATION FOR LEAVE**

In order to ensure strict compliance to DepEd Order No. 001, s.2023 Re: *Revised Designation of Undersecretaries and Assistant Secretaries to Their Strands and Functional Areas of Responsibilities and **Revised Signing Authorities***, this Office directs all Teaching and Non-teaching personnel to observed the correct use of Civil Service Form No.6 “Application for Leave” with correct signing authorities as follows:

School Heads and Division Office Unit Heads:

Recommending Approval = Assistant Schools Division Superintendent  
Approved = Schools Division Superintendent

School Teaching and Non-Teaching Personnel:

Leave up to 60 days = Recommending Approval by the School Head and shall be Approved by the Assistant Schools Division Superintendent

Leave more than 60 days = Recommending Approval by the School Head and Assistant Schools Division Superintendent; and shall be Approved by the Schools Division Superintendent



Address: IBJT Compound, Carangan, Ozamiz City  
Telephone No: (088) 545-09-88  
Telefax: (088) 545-09-90  
Email Address: [deped1miz@gmail.com](mailto:deped1miz@gmail.com)

Our **LEARNERS: The Diamonds of the Fortress.**  
**ASENSO OZAMIZ!**



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Division Office Personnel other than Unit Heads:

Leave up to 60 days = Recommending Approval by the respective Unit Heads shall be Approved by the Assistant Schools Division Superintendent

Leave more than 60 days = Recommending Approval by the respective Unit Heads and Assistant Schools Division Superintendent; and shall be Approved by the Schools Division Superintendent

This Office directs the immediate and wide dissemination of this Advisory.

Encl.: As Stated

To be indicated in the Perpetual Index  
under the following subjects: *[Signature]*

SIGNING AUTHORITIES  
CS FORM 6 “ APPLICATION FOR LEAVE”

OSDS/djby



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**APPLICATION FOR LEAVE**

1. OFFICE/DEPARTMENT \_\_\_\_\_ 2. NAME : (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

3. DATE OF FILING: \_\_\_\_\_ 4. POSITION : \_\_\_\_\_ 5. SALARY : \_\_\_\_\_

**6. DETAILS OF APPLICATION**

<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) 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) 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 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 <i>Other purpose:</i></p> <p><input type="checkbox"/> Monetization of Leave Credits</p> <p><input type="checkbox"/> Terminal Leave</p>
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<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 style="text-align: right;">(Signature of Applicant)</p>
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	Vacation Leave	Sick Leave											
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**NIMFA R. LAGO, CESO VI**  
Assistant Schools Division Superintendent  
OIC – Office of the Schools Division Superintendent





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**Department of Education**  
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**APPLICATION FOR LEAVE**

1. OFFICE/DEPARTMENT \_\_\_\_\_ 2. NAME : (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

3. DATE OF FILING: \_\_\_\_\_ 4. POSITION : \_\_\_\_\_ 5. SALARY : \_\_\_\_\_

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<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>(Signature of Applicant)</p>
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**DIONESIO L. LIWAGON, JR.**  
OIC, Asst. Schools Division Superintendent





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1. OFFICE/DEPARTMENT \_\_\_\_\_ 2. NAME : (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
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OIC – Office of the Schools Division Superintendent





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**7. DETAILS OF ACTION ON APPLICATION**

<p><b>7.A CERTIFICATION OF LEAVE CREDITS</b></p> <p style="text-align: center;">As of _____</p> <table border="1" style="width:100%"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>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 style="text-align: center;"><b>ADDA LIZA J. SAQUIN</b> Administrative Officer IV</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 style="text-align: right;">_____ <b>Division Chief (Signature over Printed Name)</b></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>
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**DIONESIO L. LIWAGON, JR.**  
OIC, Asst. Schools Division Superintendent

