

OFFICE OF THE VICE CHANCELLOR FOR ADMINISTRATION UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

3/F Bienvenido M. Gonzalez Hall, UP Los Baños, College, Laguna 4031 Philippines +63 49 536 2331 | +63 49 536 3468 | ovca.uplb@up.edu.ph | www.uplb.edu.ph

23 June 2021

MEMORANDUM NO. 26

Series of 2021

TO: All Vice Chancellors, Deans, Directors and Unit Heads

SUBJECT: Application for Leave Form and Notice of Allocation for

Maternity Leave

Effective immediately, the attached Application for Leave Form and Notice of Allocation for Maternity Leave will be used. The form was revised by the Civil Service Commission in 2020.

Please download the leave form via this link: https://drive.google.com/uc?export=download&id=1BY7-lsZ5Q8xzS_rBeYITYgRdAMruDTW3

or scan the QR code below:

For compliance.

ROLANDO T. BELLO Vice Chancellor



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NOTICE OF ALLOCATION OF MATERNITY LEAVE

			OYEE

I. FOR FEMALE EMPL	OYEE					
NAME (Last Name, First Na	ame, Name Extension, if a	POSITION				
HOME ADDRESS		AGENCY and ADDR	ESS			
CONTACT DETAILS (Phone	e number and e-mail add					
I am allocating o which benefit is granted und relationship.	lays (7 days max.) of my der Republic Act No. 112	105-day m 10 or the	aternity leave 105-Day Expa	to Mr./Ms nded Maternity Law.	Attached is the proof of our	
SIGNATURE O	VER PRINTED NAME	DATE				
II. FOR CHILD'S FATHE	ER/ALTERNATE CA	REGIVE	ER .			
NAME (Last Name, First Na	ame, Name Extension, if a	any, and M	iddle Name)	POSITION		
·						
HOME ADDRESS				AGENCY / EMPLOY	ER and ADDRESS	
CONTACT DETAILS (Phone	e number and e-mail add					
RELATIONSHIP TO THE FE (Please mark the box with "x	")			he 105-day maternity leave		
	gree of consanguinity	proof of ou	r relationship.	nd female employee and I/we submit the attached It is understood that the allocated maternity leave newborn child.		
□Current partner sharing	the same household -	SIGNATURE OVER PRINTED NAME D			DATE	
	PRO	OOF OF RI	ELATIONSHIF)		
Childia Diudh Caudidia da	(Please mark the box wit				e document/s that can	
☐ Child's Birth Certificate ☐ Marriage Certificate		e ☐ Barangay Certificat		prove filial rela		
III. FOR THE HRMO AN	D THE HEAD OF O	FFICE/A	UTHORIZE	D OFFICIAL		
			APPROVED:			
I certify that Ms a maternity leave balance of reviewed and evaluated the and find the herein allocation	attached supporting do	cument/s				
CIONATUDE OVER REPORT	TO NAME DAT	SIGNATURE OVER PRINTED NAME Head of Office/Authorized Official				
SIGNATURE OVER PRINTE HRMO		DATE				
AGENCY, ADDRESS and Co	ONTACT DETAILS					
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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.