



UNIVERSITY OF THE PHILIPPINES MANILA  
The Health Sciences Center

22 November 2021

MEMORANDUM NO. CCDP-2021-392

TO : The Deans, Directors, Heads of Units and Offices

SUBJECT : **Use of Application for UP-Approved Leave Form and Reiteration of UP-Approved Leave Benefits**



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In accordance with the Memorandum No. NGY 21 – 160, all faculty, REPS, and administrative personnel who are qualified for the UP-Approved Leave Benefits, shall use the UPS HR Form No. 002: Application for UP-Approved Leave (Annex A) when filing UP-Approved Leave Benefits effective **20 October 2021**. You may download the form in the HRDO website at <https://hrdo.upm.edu.ph/?q=node/10>

In line with this, may we reiterate the following UP-Approved Leave Benefits:

1. Special Privilege Leave – three (3) days additional special privilege leave per annum.
2. CNA Sick Leave – five (5) days additional sick leave per annum.
3. CNA Hospitalization Leave for Immediate Family – two (2) days per annum.
4. CNA Special Leave for Nursing Mothers – two (2) days per annum.

For your information and compliance.

  
**Carmencita D. Padilla, MD, MAHPS**  
Professor and Chancellor 

Annex A

 <p>Republic of the Philippines  <b>UNIVERSITY OF THE PHILIPPINES</b>                  CU : _____</p>		UPS HR Form No. 002 8/2021																				
<p><b>APPLICATION FOR U.P.-APPROVED LEAVE</b>                  (RA 9500 Sec. 13(k))</p>																						
1. OFFICE/DEPARTMENT _____	2. NAME : (Last) _____ (First) _____ (Middle) _____																					
3. DATE OF FILING _____	4. POSITION _____	5. SALARY _____																				
<b>6. DETAILS OF APPLICATION</b>																						
<b>6.A TYPE OF LEAVE (NON-CUMULATIVE) TO BE AVAILED OF</b> <input type="checkbox"/> Additional Special Leave (3 days) <input type="checkbox"/> Sickness Leave (5 days) <input type="checkbox"/> Hospitalization Leave of Immediate Family (2 days) <input type="checkbox"/> Nursing Leave for nursing mother (2 days)  Others: _____		<b>6.B DETAILS OF LEAVE</b> <i>In case of Special Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____  <i>In case of Sickness Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____																				
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> _____ INCLUSIVE DATES _____		_____ (Signature of Applicant)																				
<b>7. DETAILS OF ACTION ON APPLICATION</b>																						
<b>7.A CERTIFICATION OF LEAVE BALANCE (Non-Cumulative)</b> as of _____ <table border="1" style="margin: 10px auto; width: 80%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 15%;">Total</th> <th style="width: 15%;">Less : This Application</th> <th style="width: 15%;">Balance</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Type	Total	Less : This Application	Balance																	<b>7.B RECOMMENDATION</b> <input type="checkbox"/> For approval  <input type="checkbox"/> For disapproval due to _____  _____ Institute Director/Department/Division Chair/Unit Head  _____ Dean
Type	Total	Less : This Application	Balance																			
<b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay		<b>7.D DISAPPROVED DUE TO:</b> _____ _____																				
_____ Authorized Official Date : _____																						