Republic of the Philippines

***HRMD Form No. 3***

***Revised 2023***

Province of Camarines Norte

**MUNICIPALITY OF VINZONS**

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 *(054) 212-5079*

**APPLICATION FOR MONETIZATION OF ACCUMULATED LEAVE CREDITS**

(Guidelines and Documentary Requirements at the back)

|  |  |
| --- | --- |
| **OFFICE/AGENCY** | **NAME (Last) (First) (Middle)** |
| **DATE OF FILING** | **POSITION** | **SALARY GRADE** | **MONTHLY SALARY** |
| **DETAILS OF APPLICATION** |
| **NATURE OF APPLICATION**1. [ ]  Ten (10) days
2. [ ]  50% of accumulated leave credits
3. [ ]  More than ten (10) days but below 50% of accumulated leave credits

 Specify the number of days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **REASON**[x] Health/medical/hospital needs [ ]  Educational Purpose [ ]  Others (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For the benefit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is/are immediate member/s of the family\* of the applicant. **\*Immediate member of the family –** spouse, children, parents for married employees and brother or sister and parents for single employees.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant over Printed Name |
| **SUPPORTING DOCUMENTS for Items 2 and 3**[ ] Medical Certificate/Records[ ] School Assessment[ ] Official Receipt[ ] Others (Please specify): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Evaluated by:****MYLENE V. BISMONTE, LPT**Administrative Officer V |
| **TO BE FILLED-UP BY HRMO** |
| **CERTIFICATION OF LEAVE CREDITS**as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **VACATION**Days | **SICK**Days | **TOTAL**Days |

PROCESSED BY:**MYLENE V. BISMONTE, LPT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Administrative Officer V Date | **CORRESPONDING MONEY VALUE:**xxNo. of leave credits Monthly Salary **0.0481927 =** to be monetized Constant Factor **TOTAL** **Reviewed by:****MYLENE V. BISMONTE, LPT**Administrative Officer V |
| **DETAILS OF ACTION ON APPLICATION** |
| **CERTIFICATION OF AVAILABILITY OF FUNDS**Amount: PhP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**LEONILO P. PAJARIN, CPA, LlB**Municipal Accountant | **APPROVAL**[ ] Approval [ ] Disapproval due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ELEANOR F. SEGUNDO, MD**Municipal Mayor |

**GUIDELINES:**

1. Officials and employees who have accumulated fifteen (15) days of vacation leave credits shall be allowed to monetize a minimum of ten (10) days; provided, that at least five (5) days is retained after monetization and provided further that a maximum of thirty (30) days may be monetized in a given year.
2. Monetization of 50% or more of the accumulated leave credits may be allowed for valid and justifiable reasons such as:
	1. Health, medical and hospital needs of the employee and the immediate members of his/her family;
	2. Financial aid and assistance brought about by *force majeure* events such as calamities, typhoons, fire, earthquake and accidents that affect the life, limb and property of the employee and his/her immediate family;
	3. Educational needs of the employee and the immediate members of his/her family;
	4. Payment of mortgages and loans which were entered into for the benefit or which inured to the benefit of the employee and his/her immediate family;
	5. In cases of extreme financial needs of the employee or his/her immediate family where the present sources of income are not enough to fulfill basic needs such as food, shelter and clothing;
	6. Other analogous cases as may be determined by the Commission.

 *The monetization of 50% or more of the accumulated leave credits shall be upon the favorable recommendation of the agency head and subject to availability of funds.*

***DOCUMENTARY REQUIREMENTS***

1. In addition to the duly accomplished form, applications for monetization of more than ten (10) days shall also submit the following:
	1. Written request stating any of the reasons enumerated above;
	2. Clinical abstract/medical procedures to be undertaken in case of health, medical and hospital needs;
	3. Barangay certification, in case of need for financial assistance brought about by calamities, typhoon, fire, etc.;
	4. School assessment/official receipts in case of educational needs;
	5. Demand letter or statement of account, in case of need for payment of mortgages and loans.