Republic of the Philippines

***HRMD Form No. 3***

***Revised 2023***

Province of Camarines Norte

**MUNICIPALITY OF VINZONS**

Image result for e-mail *hrmo\_lguvinzons09202016@yahoo.com*

 *(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**  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:**  x  x  No. 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.