

***HRMD Form No. 4***

***Revised 2023***

Republic of the Philippines

Province of Camarines Norte

MUNICIPALITY OF VINZONS

*hrmo\_lguvinzons09202016@yahoo.com*

*(054) 212-5079*

**APPLICATION FOR TERMINAL LEAVE**

(Instructions and Documentary Requirements at the back)

**DATE OF FILING OF APPLICATION:**

**MEMBER’S INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Name** |
| **Position** | **Salary (Monthly)** | **LBP Account Number** |
| **Complete Residential Mailing Address** |
| **Contact No. (Residential Landline)** | **Cellphone No.** | **E-mail address** |
| 459,194 Check Mark Images, Stock Photos & Vectors | Shutterstock**Reason for Terminal Leave Benefit Claims (Mark with a “ “)** | [ ] **Compulsory**  **Retirement** | [ ] **Optional Retirement** | [ ] **Resignation** | [ ] **Transfer to Another**  **Office** |

**NAME OF CLAIMANT IF MEMBER IS DECEASED:**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Name** |
| **Complete Residential Mailing Address** |
| **Contact No. (Residential Landline)** | **Cellphone No.** | **Relation to Deceased Member:** |

 **Witnesses to thumbmark:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Applicant/Claimant Right Thumbmark**

 **Over Printed Name (***if unable to affix signature***)**

|  |
| --- |
| **TO BE FILLED-UP BY HRMO** |
| **CERTIFICATION OF LEAVE CREDITS****as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**PROCESSED BY:** **MYLENE V. BISMONTE, LPT Date** Administrative Officer V | *Based on HRMO’s evaluation of the submitted leave journals, the total leave credits of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are as follows:* Vacation Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sick Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****CERTIFIED CORRECT:** **MYLENE V. BISMONTE, LPT Date** Administrative Officer V |
| **APPROVED:****ELEANOR F. SEGUNDO, MD**Municipal Mayor |

**INSTRUCTIONS:**

Ensure that the application form is properly filled out and documentary requirements are complete.

***DOCUMENTARY REQUIREMENTS***

1. Approved Leave Application;
2. Clearance from money, property and legal accountability from the Office of last assignment;
3. Certified photocopy of leave card as at last date of service duly audited by the Human Resource management Office (HRMO) and COA/Certificate of Leave Credits issued by the HRMO;
4. Certificate of Accumulated Leave Credits (CALC) issued by the HRMO;
5. Updated Service Record indicating inclusive date of leave without pay issued by the HRMO;
6. Certification of Last Day of Actual Service issued by the HRMO;
7. Updated Statement of Assets, Liabilities, and Networth (SALN);
8. Certified Photocopy of Notice of Salary Adjustment (NOSA) showing the highest salary received if the salary under the last appointment is not the highest;
9. Computation of terminal leave benefits duly signed/signed by the Accountant;
10. Applicant’s authorization (in affidavit form) to deduct all financial obligations;
11. Affidavit of applicant that there is no pending criminal investigation or prosecution against him/her (RA N3019);
12. In case of resignation, employer’s letter of resignation duly accepted by the Head of the Agency;
13. In case of transfer, employer’s Authority to Transfer and Certificate of Assumption to Duty

***ADDITIONAL REQUIREMENTS IN CASE OF DEATH OF CLAIMANT***

1. Death Certificate authenticated by PSA;
2. Marriage Contract authenticated by PSA;
3. Birth Certificate of all the surviving heirs authenticated by PSA;
4. Designation of next-of-kin;
5. Waiver of rights of children 18 years old and above

Application Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_