



APPLICATION FOR LEAVE

CSC Form No. 6 (Revised 1984)

1. OFFICE/AGENCY SSCT, Surigao City		2. NAME (last name) (first name) (middle name) FRANCISCO VIRNILLE CORUERA							
3. DATE OF FILING December 29, 2017		4. POSITION INSTRUCTOR							
5. SALARY (monthly) SG-12									
DETAILS OF APPLICATION									
6.a. TYPE OF LEAVE <input type="checkbox"/> Vacation <input type="checkbox"/> To seek employment <input type="checkbox"/> Others (specify) _____ <input checked="" type="checkbox"/> MATERNITY LEAVE ^{Sick} Others		6.c. WHERE LEAVE WILL BE SPENT a. IN CASE OF VACATION LEAVE <input type="checkbox"/> Within the Philippines <input type="checkbox"/> Abroad (specify) _____ b. IN CASE OF SICK LEAVE <input type="checkbox"/> In Hospital (specify) _____ <input type="checkbox"/> Out Patient (specify) _____							
6.b. NUMBER OF WORKING DAYS APPLIED FOR: INCLUSIVE DATES December 27, 2017 to February 25, 2018		6.d. COMMUTATION <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested VIRNILLE C. FRANCISCO (Signature of Applicant Over Printed Name)							
DETAILS OF ACTION ON APPLICATION									
7.a. CERTIFICATION OF LEAVE CREDITS As of Jan. 20, 2018 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">vacation</td> <td style="width: 33%;">sick</td> <td style="width: 33%;">total</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		vacation	sick	total	1	1	2	7.b. RECOMMENDATION <input type="checkbox"/> Approval <input type="checkbox"/> Disapproved (due to) _____ <div style="text-align: right;"> ELLEN A. DIVINAGRACIA - DETALO Administrative Officer V HRMO </div>	
vacation	sick	total							
1	1	2							
8.a. APPROVED FOR ced Days with pay _____ Days w/out pay _____ Others (specify) MATERNITY LEAVE		8.b. DISAPPROVED DUE TO <div style="text-align: center;"> GREGORIO Z. GAMBOA, JR., Ed.D. SUC President II </div>							
DATE: _____									

1. Application for Vacation or Sick Leave for one full day or more shall be made on this form and to be accomplished at least in duplicate.
2. Application for Vacation Leave shall be filed in advance or whenever possible five (5) days before doing such leave.
3. Application for Sick Leave filed in advance or exceeding five (5) days shall be accomplished by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by the applicant.

CERTIFIED TRUE COPY
 DATE: **4/25/18** INITIAL **CD**
 SSCT SURIGAO CITY

RELI
DATE: _____
INITIAL: _____

Civil Service Form No. 48

DAILY TIME RECORD

—c0o—

FRANCISCO VIRNILLE C.
(Name)

For the month of JANUARY 2018
Official hours for arrival and departure Regular days _____
Saturdays _____

Day	A.M.		P.M.		Undertime	
	Arrival	Departure	Arrival	Departure	Hours	Minutes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total						

MATERNITY LEAVE

I certify on my honor that the above is a true and correct report of the hours of work performed, record of which was made daily at the time of arrival and departure from office.

VERIFIED as to the prescribed office hours:

ENGR. ALBERT P. SPALDON
In Charge

FEB 2 2018

CERTIFIED TRUE COPY
Date 4/25/18 INITIAL
SNCT. SURIGAO CITY



Certificate No. : 40
Health Record No. : 00637
Date : JANUARY 5, 2018

MEDICAL CERTIFICATE

This is to certify that VIRNILLE C. FRANCISCO,
(Name of Patient)

41 YEARS OLD, FEMALE patient of CRH with residence address at
(Age of Patient) (Sex of Patient)
PUROK 1-A, SAN JUAN, SURIGAO CITY, SURIGAO DEL NORTE,
(Address of Patient)

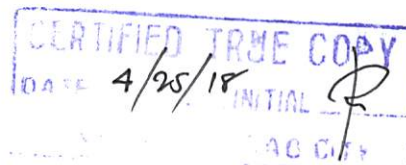
was examined/treated/confined in this hospital from DECEMBER 27, 2017 up to
(Starting Date of Confinement)
DECEMBER 29, 2017 with the following findings &/or diagnosis:
(Date of Discharge)

**DELIVERY, POSTERM, SPONTANEOUS, AS: 8-9, BABY
GIRL, BW: 2830 GRAMS, VERTEX, G4P4004**

for treatment purposes, patient was advised to rest for Seven (7) days. This
certification is issued on JANUARY 5, 2018, per request of the following person
JOENARD L. FRANCISCO, related to the patient as, HUSBAND,
for purposes of: MATERNITY LEAVE.


GREGORIA B. COMELON, MD.,FPAMS
ATTENDING PHYSICIAN
LICENSE NO: 66235 *mc*

NOT VALID
WITHOUT OFFICIAL SEAL



Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

Province <u>SURIGAO DEL NORTE</u>	Registry No. <u>2018-102</u>
City/Municipality <u>SURIGAO CITY</u>	

CHILD	1. NAME (First) (Middle) (Last) <u>VREE JIENILLE CORVERA FRANCISCO</u>	
	2. SEX (Male/Female) <u>FEMALE</u>	3. DATE OF BIRTH (Day) (Month) (Year) <u>27 DECEMBER 2017</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>CARAGA REGIONAL HOSPITAL RIZAL ST. SURIGAO CITY SURIGAO DEL NORTE</u>	
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>SINGLE</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <u>NOT APPLICABLE</u>

MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <u>VI RNILLE ABOLOC CORVERA</u>	
	8. CITIZENSHIP <u>FILIPINO</u>	9. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>
	10a. Total number of children born alive <u>4</u>	10b. No. of children still living including this birth <u>3</u>
	10c. No. of children born alive but are now dead <u>1</u>	11. OCCUPATION <u>INSTRUCTOR</u>

FATHER	14. NAME (First) (Middle) (Last) <u>JOENARD LOAYON FRANCISCO</u>	
	15. CITIZENSHIP <u>FILIPINO</u>	16. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>
	17. OCCUPATION <u>SELF EMPLOYED</u>	18. AGE at the time of this birth (completed years) <u>41</u>
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>PUROK - 1 A, BARANGAY SAN JUAN SURIGAO CITY SURIGAO DEL NORTE PHILIPPINES</u>	

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) <u>FEBRUARY 20, 2004</u>	20b. PLACE (City/Municipality) (Province) (Country) <u>SURIGAO CITY SURIGAO DEL NORTE PHILIPPINES</u>
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21a. ATTENDANT

1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at 03:53 PM am/pm on the date of birth specified above.

Signature _____ Address CARAGA REGIONAL HOSPITAL, RIZAL STREET BARANGAY WASHINGTON, SURIGAO CITY, SURIGAO DEL NORTE, PHILIPPINES

Name in Print GREGORIA B. COMELON, MD., FPAMS

Title or Position MEDICAL SPECIALIST III Date DECEMBER 29, 2017

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature _____

Name in Print JOENARD L. FRANCISCO

Relationship to the Child FATHER

Address PUROK - 1 A, BARANGAY SAN JUAN, SURIGAO CITY, SURIGAO DEL NORTE, PHILIPPINES

Date DECEMBER 29, 2017

23. PREPARED BY

Signature _____

Name in Print GENNESSE L. GLOR

Title or Position IT STAFF

Date DECEMBER 29, 2017

24. RECEIVED BY

Signature _____

Name in Print NORAFLORE E. EVIOTA

Title or Position ADMINISTRATIVE AIDE III

Date JAN 05 2018

25. REGISTERED BY THE CIVIL REGISTRAR

Signature _____

Name in Print SUSITA M. PEAN

Title or Position REGISTRATION OFFICER-IV

Date JAN 05 2018

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8	9	10	11	12	13	14	15	16	17	18	19																		
0	1	0	8	1	1	3	6	0	8	0	6	7	2	4	0	1	0	8	1	1	3	6	0	8	0	6	7	2	4

CERTIFIED TRUE COPY
DATE 4/25/18 INITIAL R
SSCT, SURIGAO CITY

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, _____ and _____ of legal age, am/are the natural mother and/or father of _____, who was born on _____ at _____

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of acknowledging my/our child.

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ by _____ and _____, who exhibited to me (his/her) Community Tax Cert. No. _____ issued on _____ at _____

Signature of the Administering Officer

Position/Title/Designation

Name in Print

Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address at _____

_____ after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:

my birth in _____ on _____

the birth of _____ who was born in _____ on _____

2. That I/he/she was attended at birth by _____ who resides at _____

3. That I am/he/she is a citizen of _____

4. That my/his/her parents were married on _____ at _____

not married but I/he/she was acknowledged/not acknowledged by my/his/her father whose name is _____

5. That the reason for the delay in registering my/his/her birth was _____

6. (For the applicant only) That I am married to _____

(If the applicant is other than the document owner) That I am the _____ of the said person.

7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____ at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, Philippines, affiant who exhibited to me his Community Tax Cert. _____ issued on _____ at _____

Signature of the Administering Officer

Position/Title/Designation

Name in Print

Address

