Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Control No. (With initials of recipient)	**APPLICATION FOR MONETIZATION OF LEAVE CREDITS**	Date of Filing
NAME (Last) (First) (M.I)		HOR I.D NO.

SERVICE/OFFICE	POSITION

I hereby apply for the monetization of _____ days and _____ days of my earned and audited leave credits.
(No. of VL Applied)   (No. of SL Applied)

I understand that my application shall be processed on a first come, first serve basis, subject to the availability of funds. Furthermore, should this application be approved and a leave credit problem is subsequently discovered on audit, I hereby authorize the HRMS to effect the necessary adjustment in my Leave Record (LR). In case of overpayment and my current leave balance is insufficient to offset the same, I authorize the HRMS to deduct the corresponding amount from my salary/benefits.

_____
SIGNATURE OF APPLICANT

ACTION TAKEN BY APPROPRIATE LEVEL

[   ] RECOMMENDING APPROVAL   [   ] RECOMMENDING APPROVAL   [   ] APPROVED
[   ] RECOMMENDING DISAPPROVAL   [   ] RECOMMENDING DISAPPROVAL   [   ] DISAPPROVED

_____   _____   _____
IMMEDIATE SUPERVISOR/CHIEF   HEAD OFFICE   APPROVING AUTHORITY

CERTIFICATION BY HRMS

This is to certify that the latest monthly salary of the above-named applicant is _____
_____ (P _____). This is to certify further that based on our records the following leave credits as of _____ are true and correct.

	Vacation Leave	Sick Leave	Total Leave Credits
Total Leave Credits Available for Monetization	_____	_____	_____
Less: Leave Credits Applied for Monetization	_____	_____	_____
Total Leave Balance After Monetization	_____	_____	_____

_____
DIRECTOR II
HUMAN RESOURCE MANAGEMENT SERVICE

_____
DEPUTY SECRETARY GENERAL
FOR ADMINISTRATION