



APPLICATION FORM FOR SPECIAL LEAVE BENEFITS FOR WOMEN UNDER RA 9710

Name: _____		
(Last)	(First)	(Middle)
Position: _____	Age: _____	Civil Status: _____
Department/Division/Office: _____	Duration of Surgery/Confinement: _____	
Kind of Gynecological Disorder/Surgical Operation Done: _____		
(Please attach Clinical Summary/Operative Technique used for the surgery by the Attending Physician)		
Noted : _____		_____ Employee's Signature
Unit Head		Date : _____
Date: _____		

CERTIFICATION

ATTENDING PHYSICIAN	HUMAN RESOURCE DEVELOPMENT DIVISION
<p>This is to certify that I was the actual attending physician of the above named employee from _____ to _____.</p> <p>This is to certify further that the surgical procedure done is classified under: () Minor () Major surgical operation/s from gynecological disorder/s.*</p> <p>It is recommended that the above named employee will recuperate for a maximum period of _____ weeks/months.</p> <p>_____ Physician's Signature Over Printed Name</p> <p style="text-align: right;">_____ Date</p> <p>*Note: Minor surgical procedure requiring a maximum period of recuperation of two (2) weeks while Major surgical procedure requires a minimum period of recuperation of three (3) weeks to a maximum period of two (2) months.</p>	<p><u>Appointment Status:</u> *</p> <p>[] Permanent [] Temporary [] Contractual</p> <p>No. of years of service to UP/PGH : _____</p> <p>_____ Chief, HRDD</p> <p style="text-align: right;">_____ Date</p> <p><small>*Any female employee, regardless of age and civil status, shall be entitled to a special leave for a maximum of two months with full pay, provided she has rendered at least six (6) months aggregate service for the last twelve (12) months prior to undergoing surgery for gynecological disorders.</small></p>
<p>RECOMMENDING APPROVAL:</p> <p>_____</p> <p>Deputy Director for Administration</p> <p>Date: _____</p>	<p>APPROVAL:</p> <p>_____</p> <p style="text-align: right;">Director</p> <p>Date: _____</p>