NOTICE OF ALLOCATION OF MATERNITY LEAVE

I. FOR FEMALE EMPLOYEE

NAME (Last Name, First Name, Name Extension, if any, and N			liddle Name)	POSITION	
HOME ADDRESS				AGENCY and ADDRESS	
CONTACT DETAILS (Phone	e number and e-mail add	lress)			
I am allocating of which benefit is granted und relationship.	lays (7 days max.) of my der Republic Act No. 112	105-day m 210 or the	aternity leave 105-Day Expa	to Mr./Ms. nded Maternity Law. Attac	, hed is the proof of our
SIGNATURE OVER PRINTED NAME			DATE		
3.3.4.4.5.12.3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.				27.1.2	
I. FOR CHILD'S FATHI	ER/ALTERNATE C	AREGIVE	ER .		
NAME /Last Name First N	oma Nama Extension if	any and M	iddla Nama\	DOCITION	
NAME (Last Name, First Na	ame, Name Extension, II	any, and ivi	iddie ivame)	POSITION	
HOME ADDRESS				AGENCY / EMPLOYER as	ad ADDDESS
				AGENCY / EMPLOYER a	IU ADDRESS
CONTACT DETAILS (Phone number and e-mail addre					
CONTACT DETAILS (FIIOTI	e number and e-mail add	1699)			
RELATIONSHIP TO THE FEMALE EMPLOYEE (Please mark the box with "x") Child's father Alternate caregiver Relative within fourth degree of consanguinity (Specify:) Current partner sharing the same household		I accept the allocated days of the 105-day maternity leaform the abovementioned female employee and I/we submit the attack proof of our relationship. It is understood that the allocated maternity leafor the care of our/her newborn child.		e submit the attached	
□Current partner snaring	the same nousehold -	SIGNATURE OVER PRINTED NAME		DATE	
	DD	OOE OE DI	ELATIONSHIF	1	
	(Please mark the box wi				
☐ Child's Birth Certificate ☐ Marriage Certificate		e ☐ Barangay Certificat		e □Other bona fide doc prove filial relations	
				·	
II. FOR THE HRMO AN	ID THE HEAD OF C	FFICE/A	UTHORIZE	D OFFICIAL	
			APPROVED:		
I certify that Ms has a maternity leave balance of days. Furthermore, I have reviewed and evaluated the attached supporting document/s and find the herein allocation of maternity leave in order.					
a maternity leave balance of reviewed and evaluated the	attached supporting do			SIGNATURE OVER PRINT Head of Office/Authorized	
a maternity leave balance of reviewed and evaluated the	e attached supporting do	der.			

Instructions

- 1. The form shall be used as written notice of the female employee to her agency regarding her allocation of a maximum of seven (7) days from the 105-day expanded maternity leave.
- 2. The form shall be accomplished in three (3) copies: copy for the female employee; copy for the agency; and copy for the agency/employer of the child's father/alternate caregiver.
- 3. The form with proof of relationship shall be attached to the Application for Leave (CS Form No. 6) of the female employee.
- 4. The authorized official shall forward the copy for the agency/employer of the child's father/alternate caregiver.
- 5. Item I of the form shall be accomplished by the female employee. She shall provide the required personal and agency information, the number of maternity leave days sought to be allocated and the name of the recipient of the allocated leave. She shall affix her signature over printed name with date of signing.
- 6. Item II of the form shall be accomplished by the child's father/alternate caregiver. He/she shall provide the required personal and agency/employer information and he/she shall affix his/her signature over printed name with date of signing.
- 7. Item III of the form shall reflect the name of the female employee and her maternity leave balance. This part shall be accomplished and signed by the Human Resource Management Officer (HRMO) in the agency. It is a ministerial duty of the head of office or his/her authorized official to approve said allocation and indicate the date of signing. The agency, thru the HRMO, is responsible to forward a copy of the accomplished form to the agency/employer of the child's father/alternate caregiver.