

Wellness Leave Application Form for COS and JO Personnel

Republic of the Philippines Department of Education City Schools Division of the City of Tayabas Brgy. PotoI, Tayabas City									
APPLICATION FOR WELLNESS LEAVE (WL) Pursuant to Citnl Service Commission (CSC) Memorandum Circular No. O I, s. 2026									
Data Privacy Notice: The Department of Education recognizes its responsibility under the Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012, with respect to the data they collect, record, organize, update, use, consolidate or destruct from their Ikffsonnel. The personnel data obtained from form is entered and stored within the organization's authorized information and communications system and will only be accessed by authorized personnel. The organizational has instituted appropriate technical and physical security measures to ensure the protection of personal data.									
Section I: Employee Information									
NAME: _____ (Last Name), (First Name), (Middle Initial)	REGION: _____ SDO: _____ BUREAU/SERVICE/OFFICE/UNIT: _____								
POSITION/DESIGNATION: _____ DepEd Email Address: _____	NAME OF SCHOOL (If applicable): _____								
Employment Status: <input type="checkbox"/> Contract of Service (COS) Personnel	<input type="checkbox"/> Job Order (JO) Personnel								
Section 2: Details on Wellness Leave Application									
DATE OF FILING: _____	DURATION OF LEAVE: _____ <i>(Inclusive Dates and No. of Days)</i>								
REASON/ PURPOSE: <input type="checkbox"/> Mental Health Care <input type="checkbox"/> General Break from Work									
<input type="checkbox"/> Physical Wellness Activities <input type="checkbox"/> CI Others: _____									
Section 3: Details of Action on Application									
Certification of WL Credits <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="text-align: center;">Wellness Leave</th> </tr> </thead> <tbody> <tr> <td><i>Total Earned</i></td> <td></td> </tr> <tr> <td><i>Less this Application</i></td> <td></td> </tr> <tr> <td><i>Balance</i></td> <td></td> </tr> </tbody> </table>		Wellness Leave	<i>Total Earned</i>		<i>Less this Application</i>		<i>Balance</i>		Recommendation: <input type="checkbox"/> For Approval <input type="checkbox"/> For disapproval due to: _____
	Wellness Leave								
<i>Total Earned</i>									
<i>Less this Application</i>									
<i>Balance</i>									
_____ Authorized Officer/ Processor	_____ Authorized Officer								
Section 4: Approval									
Approved for: _____ days with pay Disapproved due to: _____ Authorized Officer/ Official									

Note: Please be guided that the authorized signatories for the Application of Wellness Leave, are specified in Annex C of DepEd Order No. 1, s. 2023 (Revised Designation of Undersecretaries and Assistant Secretaries to their Strands and Functional Areas of Responsibilities and Revised Signing Authorities) or any subsequent amendments.

Furthermore, the process for Wellness Leave applications, including its filing, monitoring, and recording, shall follow the same procedures as those for the application for Leave of Absence of regular employees.