Date:\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL ORDER FOR MATERNITY LEAVE OF ABSENCE**

|  |  |
| --- | --- |
| NAME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | EMPLOYEE NUMBER: **\_\_\_\_\_\_\_\_\_** |
| DIVISION: **TABUK CITY** | STATION / DISTRICT: **\_\_\_\_\_\_\_\_\_\_\_\_** |
| SERVICE RENDERED: **\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_** |
| INCLUSIVE DATES APPLIED FOR: **\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| EXPERIENCE: PERMANENT / SINCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| MONTHLY SALARY:**\_** P \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

 : DAYS MATERNITY LEAVE WITH:

 : DAYS FULL PAY (TOTAL NO. OF DAYS SERVE MULTIPLIED BY 0.041)

\_\_\_\_\_\_\_\_ \_ : DAYS WITHOUT PAY

BY AUTHORITY OF THE SECRETARY OF EDUCATION

**BENEDICTA B. GAMATERO**

OIC, Schools Division Superintendent