

Republika ng Pilipinas  
**PAMBANSANG PANGASIWAAN NG PATUBIG**  
(NATIONAL IRRIGATION ADMINISTRATION)  
Lungsod ng Quezon

MC # 76, s. 1973

MEMORANDUM CIRCULAR

TO : ALL REGIONAL AND PROVINCIAL IRRIGATION ENGINEERS; IRRIGATION SUPERINTENDENTS/OFFICERS-IN-CHARGE OF IRRIGATION SYSTEMS; PROJECT ENGINEERS AND HEADS OF SPECIAL PROJECTS; AND ALL OTHERS CONCERNED  
National Irrigation Administration

SUBJECT : Requirements for Terminal Leave and Maternity Leave Applications; for Transfers and Resignations of NIA Employees

It has been observed that terminal leave applications and other papers involving employee separation are being submitted to this Office without the required supporting papers.

In order to avoid undue delay in the processing and approval of same, especially requests of Regional Irrigation Engineers and Irrigation Superintendents for payments of terminal leaves of their employees at the Central Office, the requirements are enumerated hereunder for the guidance of all concerned

Required Papers

No. of copies that must  
be received at the Central  
Office, NIA

A. Terminal Leave

1. Service Record - certified correct by the Chief of Office - - - - - 4 copies
2. Computation of earned leaves - certified correct by the Chief of Office & attested by the Regional Auditor - - - - - 4 copies
3. Certified true copy of latest appointment or latest salary adjustment- - - - - 2 copies
4. Clearance from any administrative case, from money and property responsibility (Field and Central Offices; the former must be signed by the Regional Irrigation Engineer and Auditor)- - - - - 8 copies  
Central Office will take care of central office clearance
5. Certification as to inclusive dates covered by last salary payment and amount paid - - - - - 2 copies
6. Local GSIS Clearance from the GSIS Regional Office (for monthly employees) - - - - - 3 copies
7. Latest Statement of Assets and Liabilities (not necessary for employees under Laboring Group & Daily wage employees)- - - - - 2 copies

For Deceased employees

8. Designation of next of kin by the Secretary

- of Labor - - - - - 2 copies  
9. Death Certificate- - - - - 2 copies

NOTE: Terminal leaves must be coursed  
through the Regional Irrigation  
Engineers

B. Maternity Leave

1. Philippine Medical Certificate (Per  
attached form with PTR Nos. of Notarizing  
Official and attending physician  
indicated)- - - - - 2 copies
2. Service records duly certified correct  
by the Chief of Office- - - - - 4 copies
3. Field Clearance from any administrative  
case, from money and property responsibility  
(signed by RIE & Regional Auditor) 2 copies
4. Certified true copy of latest appointment  
or latest salary adjustment- - - - 2 copies
5. Marriage Contract (if first time to  
apply) - - - - - 1 copy

C. Leaves of thirty (30) days or more requiring  
Central Office approval per NIA MC # 14, s. 1968.

1. Clearance from any administrative case, from  
money and property responsibilities - - 8 copies

D. Transfers and Resignation of Employees

1. Clearance from any administrative case  
from money and property responsibility  
(Field and Central Offices)- - - - - 8 copies

Please be guided accordingly.

  
ALFREDO L. JUINIO  
Administrator

Encl: Terminal Leave Transmittal  
Form  
Philippine Medical Certificate

AFS/Fe Requirements of Department of Labor for  
designation of next in kin

November 5, 1973

Republic of the Philippines  
PAMBANSANG PANGASIWAAN NG PATUBIG  
Lungsod ng Quezon

1st Indorsement

197\_\_

Respectfully forwarded to the Administrator, National Irrigation Administration, Quezon City; the herein application of Mr. \_\_\_\_\_  
for terminal leave effective \_\_\_\_\_ to \_\_\_\_\_  
in view of \_\_\_\_\_, redomending approval thereof.  
State cause- (retirement, resignation,  
termination of service, etc.)

\_\_\_\_\_  
Submitting Official  
(Chief of Irrigation System/PIE/OIC)

\_\_\_\_\_  
Recommending Official  
(RIE or Head of Sp. Project)

Encl: (Place an "X" in the corresponding boxes)

- ☐ Service Record (certified correct by Chief of Office)
- ☐ Computation of earned leaves (Certified correct by Chief of Office) and attested by the Regional Auditor
- ☐ Field clearance from any administrative case, money and property responsibility signed by the Regional Irrigation Engineer and Auditor
- ☐ Certification as to inclusive dates of last salary payment and amount paid
- ☐ Letter of resignation or retirement application
- ☐ Latest salary adjustment
- ☐ Local GSIS clearance from GSIS Regional Office (for monthly employees)
- ☐ Latest statement of Assets and Liabilities (for those in the Competitive service)
- ☐ GSIS policy number of permanent employees

BREAKDOWN OF DAYS COVERED BY LEAVE

JAN ( )	JAN ( )
FEB ( )	FEB ( )
MAR ( )	MAR ( )
APR ( )	APR ( )
MAY ( )	MAY ( )
JUN ( )	JUN ( )
JUL ( )	JUL ( )
AUG ( )	AUG ( )
SEP ( )	SEP ( )
OCT ( )	OCT ( )
NOV ( )	NOV ( )
DEC ( )	DEC ( )

TOTAL \_\_\_\_\_

Last day in Office \_\_\_\_\_

INVESTIGATIVE DIVISION  
BUREAU OF THE INSPECTOR GENERAL  
DEPARTMENT OF LABOR

Requirements for request for designation of  
next-of-kin from the Department of Labor:

1. Certificate of Death.
2. An affidavit of each of the claimants attesting to his/her/their relationship to the deceased employee and the fact that they are his heirs, to the exclusion of all others.

If claimant is the widow:

3. a) Notarized affidavit of two disinterested credible parties that the requesting party is truly the wife of the deceased employee with information as to number and names of all known children;
- b) Certificate of marriage;
- c) Affidavit of dependency of all minor children;
- d) Register of birth of all minor children.

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ATPS/ivm...

PHILIPPINES CIVIL SERVICE  
MEDICAL CERTIFICATE

I hereby waive all rights and privileges pertaining to professional confidence between physician and patient, and the physician accomplishing this form is authorized to answer in detail all questions contained herein.

\_\_\_\_\_  
(Signature of Patient)

(N.B. - Attending physician should fill in the blanks below. Every detail should be answered to avoid delay in action on application for leave submitted by the patient.)

\_\_\_\_\_ of the Bureau of \_\_\_\_\_  
(Name of Patient)  
having made application for leave of absence on account of illness, I do Hereby certify that I was the applicant's actual attending physician from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, inclusive and from my professional knowledge of the case the following statements are submitted, as contemplated by the provisions of Section 8 of Civil Service Rule XVI.

Name of disease or disability \_\_\_\_\_

Nature of disease or disability \_\_\_\_\_

( Under this heading, in addition to giving fully the etiology of the disease or disability, the physician must either state in the language of the Executive Order, "There are no indications whatsoever that the disease named was due to immoral or vicious habits" or give the indications.

History \_\_\_\_\_

Description \_\_\_\_\_

A laboratory test or examination was \_\_\_\_\_ made in this case.  
(his house)

The applicant was confined to (hospital) from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, inclusive.

I HEREBY CERTIFY that the above statements are complete and true in every detail, and that in consequence of the disease or the disability above specified the applicant was ill and unable to be on duty on account of illness from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, inclusive, and that his claim is meritorious.

(Signature) \_\_\_\_\_, M.D.  
Post-Office address \_\_\_\_\_

30-CENTAVO  
DOCUMENTARY  
STAMP

Date \_\_\_\_\_, 19\_\_\_\_  
/dfu  
9/18/72

He [unclear]